

Housing Counts:

A Look at the Magnitude of Homelessness
among People with HIV in Connecticut

CT AIDS Residence Coalition
2004 Regional Needs Assessment
conducted by Eileen McCarthy



**Connecticut AIDS Residence Coalition
Regional Needs Assessment
May 2004**

Since 1980, over twelve thousand people in Connecticut have been diagnosed with AIDS, and there are 6,476 Connecticut citizens currently living with AIDS. There is an estimated total of 17,000 people living with HIV or AIDS (PWA's).¹ Relative to the rest of the county, Connecticut has a higher rate of Hispanics and women with HIV/AIDS, and, most notably, Connecticut's rate of transmission by injection drug use is twice the national average (see Table 1).

Table 1.

Category	Nationwide	Connecticut
Hispanic	19%	<u>29.3%</u>
Black	48.6%	34.6%
White	30.7%	35.6%
Infected by IDU	25%	<u>47.4%</u>
Infected by MSM	46%	18.6%
Female	25.7%	<u>30.9%</u>
Male	74.3%	69.1%

The number of people in Connecticut living with HIV or AIDS continues to rise (see figure 1 on page 2).² and Connecticut has the fastest increasing caseload of people living with AIDS in New England.³

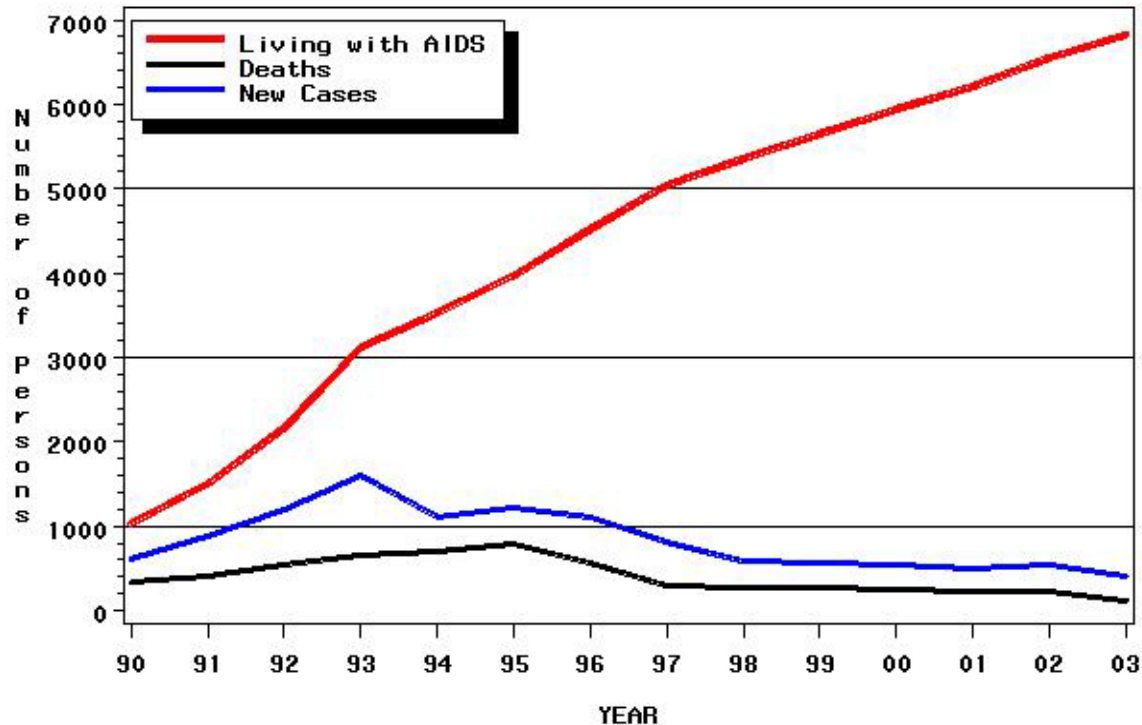
¹ Up until the year 2002, cases of HIV(non-AIDS) were not reported to or compiled by the Department of Public Health (DPH). Therefore, an exact count of the total number of people with HIV (non-AIDS) in Connecticut is not available. This estimate is taken from Connecticut Department of Public Health, Epidemiological Profile of HIV/AIDS in Connecticut, 2003.

² CT Department of Public Health, "New AIDS Cases, AIDS Deaths, and People Living with AIDS" (graph) December, 2002.

³ "AIDS Epidemiological and Housing Data for New England: An Overview," AIDS Housing Corporation, 2002.

Figure 1.

New AIDS Cases, AIDS Deaths, and People Living with AIDS, By Year, Connecticut Data Through December 31, 2003



Nationwide, people with HIV and AIDS face the threat of homelessness to a much greater extent than people without HIV. According to a 2001 study reported in the *Journal of Epidemiology and Community Health*, people with HIV are three times more likely to be homeless than people without HIV.⁴ Connecticut is no exception. This is due in part to the fact that most people with HIV/AIDS are living on fixed or low-wage incomes. According to a survey conducted between 1995 and 2001 by AIDS Housing of Washington of over 10,000 PWHA's across the county, 37% of PWHA's have incomes below \$500 per month while 80% have incomes below \$1,000.

Connecticut data shows consistent figures: 1) In the Greater Waterbury area, a group of 8 Ryan White case managers reported that 90% of their 200 clients had incomes below \$750 per month; 2) A review of 103 files of Connecticut consumers receiving Ryan White Title II rental assistance showed that 45% of them had incomes below \$500.00 per month and 77% of them had incomes below \$1,000 per month; and 3) A consumer survey of 57 residents of AIDS housing programs showed that 39% of them live on less than \$500.00 per month and 84% of them live on less than \$1,000.00 per month. While these surveys were taken from selected populations, and therefore cannot be considered a random sample, when viewed in conjunction with the national study, we may infer that

⁴ Culhane, D.P. et al, "The Co-occurrence of AIDS and Homelessness", *Journal of Epidemiology and Community Health*, July 2001, v.55 i7 p. 51.

Connecticut citizens with HIV/AIDS, like others across the country, live on extremely limited income.

A survey of Connecticut's homeless shelters in January, 2003 showed that approximately 10% of the people living in Connecticut's homeless shelters have HIV or AIDS.⁵ This is consistent with national studies showing that the prevalence of HIV among homeless people is between 3% and 20%.⁶ Extrapolating from the total homeless population in Connecticut we can estimate that there are 1,400 households with HIV/AIDS using the shelter system during the year, and a total of 2,000 households in the state with HIV/AIDS who experience some kind of homelessness at least once over the course of a year.⁷ This represents a total of 12% of all persons living with HIV/AIDS.

Results of the 2002 Ryan White Planning Council Survey for the Hartford EMA indicate that the actual rate of homelessness among people living with HIV/AIDS (PLWHA's) is significantly higher than 12%. People with HIV/AIDS responding to the survey reported being homeless in the past 12 months at the rate of 11.1% in E. Hartford, to 30% in Hartford, with the average for Hartford County being 28%, while in New Haven and Fairfield County, the rate was 26%. Moreover, while the statewide shelter survey revealed an estimated rate of HIV among the homeless of 10%, some independent local census surveys, such as that in Windham County in 2002, are revealing higher numbers (19% in Windham County).

Moreover, the Ryan White Planning Council Survey indicates that a lack of housing may create a barrier to receiving primary medical care. The 2002 Survey for the New Haven EMA surveyed 556 PLWHAs receiving care and 156 PLWHA's not receiving care. For those in care, "help paying for housing" was one of the top three unmet needs, with the top two being dental care and complementary health care. For those *not* in care, *three* of the top four unmet needs listed were all housing needs (help finding housing, help paying for housing, and "other housing"), with the fourth unmet need being "emergency funds"⁸. Many PLWHAs may not be receiving medical care because they are overwhelmed with trying to meet their housing and other basic needs.

As these survey results suggest, the housing needs of people with HIV/AIDS extend beyond avoiding homelessness itself. Over and above those who experience homelessness, a great deal more are simply paying much more than they can afford for housing expenses. Again, preliminary data from the Ryan White Planning Council Survey for the Hartford EMA shows that in Hartford, Middletown, Manchester, and West

⁵ Since many shelters do not ask guests for information regarding their HIV status, and much of the data relies on self-disclosure, the actual figure is likely to be higher.

⁶ National Coalition for the Homeless, "HIV/AIDS and Homelessness," NCH Fact Sheet #9.

⁷ According to the Coalition to End Homelessness, 13,860 households use the shelters in CT in one year. According to studies done by Martha Burt, et al. of the Urban Institute, Washington, D.C. and Dennis Culhane, et. al. of the University of Pennsylvania, and extrapolated for Connecticut, there are 20,000 households in Connecticut who experience homelessness at least once over the course of a year. Based on CARC's shelter survey, we are estimating that people with HIV make up 10% of this population, or 2,000 households who are without a home at least once in the course of a year.

⁸ cite Ryan White survey New Haven EMA, Preliminary Report

Hartford, between 20% and 30% of the PLWHAs report not having enough money to pay rent.

The lack of affordable housing is a problem that affects not only people with HIV/AIDS but all people with disabilities on fixed incomes. According to the State of Connecticut 2000 Consolidated Plan, people with disabilities in Connecticut are in the midst of an “increasingly acute affordable housing crisis.” There is not one city or town in the entire state in which a person receiving needs-based disability benefits from the Social Security Administration can meet the federal criteria for affordable housing and pay only 30% of their monthly income for rent. “Neither the federal cost of living adjustments to the Supplemental Security Income benefit program nor the State Supplemental Income Program has kept pace with the rising cost of living. The vast majority of people with disabilities in Connecticut have very little hope of obtaining decent housing in their communities, and face the very real prospect of becoming homeless.”

In fact, people with disabilities is one group among many competing for a severely restricted supply of subsidized housing across the state. Across Connecticut, the state with the sixth most expensive housing market in the country, there are at least 260,000 households (20% of the total households in the state) who need subsidized housing based solely on the fact that their income is insufficient to afford the fair market rents. However, the state currently has a mere 148,930 total subsidized units, leaving over 110,000 needy households without affordable housing. Table 2 shows the fair market rents for the state of Connecticut as well as the total yearly income needed to afford this rent, and that yearly income expressed as a per cent of the federal poverty level (FPL). U.S. Census data was then used to calculate the number of households in Connecticut below that minimum income. This number was compared to the total subsidized housing units available in the state, resulting in a “subsidized housing gap”. (Although the fair market rents require an income of well over 200% of the FPL, the 200% threshold was used due to the limits of available U.S. Census data.)

Table 2.

	0BR	1BR	2BR	3BR	4BR
State of CT fair market rent (FMR)	\$575	\$711	\$885	\$1130	\$1325
Minimum Income Needed to afford FMR⁹	\$22,995	\$28,456	\$35,419	\$45,219	\$53,009
Income Needed as a percent of the Federal Poverty Level (FPL)	256% (Household of 1)	234% (Household of 2)	232% (Household of 3)	246% (Household of 4)	246% (Household of 5)

Subsidized Housing Gap :

Total Households below 200% FPL:	260,151¹⁰
Less Subsidized units available:	- 148,930¹¹
Households in need:	111,221

This statistical data is confirmed by the experience of households applying for subsidized housing across the state. For example, in December 2001, John D’Amelia and Associates, the agency administering over 7,000 statewide section 8 and RAP rental vouchers, opened its waiting list and received thirty-six *thousand* applications for 8 *hundred* available vouchers. After the 800 vouchers were awarded, an additional 12,000 households were placed on the waiting list (with a wait of 2-3 years), while the other 23,000 were turned away.

For people with HIV/AIDS, the lack of sufficient income is but one barrier among many to accessing and maintaining affordable housing. Nearly half (48.3%) of the people living with AIDS in Connecticut were infected by IV drug use, with substance abuse being one of the top three factors contributing to homelessness in the state. (The other two are unemployment and expenses exceed income, factors also experienced to a great degree by people with HIV. Connecticut Consolidated Plan 2000). Further, seventeen per cent of the people living with AIDS in Connecticut, or 1 in 6, have had some history with the Department of Corrections. A criminal record can disqualify persons from many types of public and private housing. Moreover, these factors contributing to

⁹ Out of Reach, a report of the National Low Income Housing Coalition, www.nlihc.org

¹⁰ U.S. Census Bureau, Census 2000 Summary File 3, Table P88, Ratio of Income in 1999 to Poverty Level; and Table P93, Ratio of Income in 1999 to Poverty Level by Household Type.

¹¹ Connecticut Department of Economic and Community Development, Town Profiles

homelessness often coincide. For example, while the statewide rate of HIV transmission by injection drug use (IDU) is 48.3%, the rate of HIV transmission by IDU among ex-offenders is an astonishing 83%.

Although there are an estimated 2,000 homeless households with HIV/AIDS in Connecticut, we currently serve a mere 491 persons through the network of AIDS housing providers across the state. This includes 191 spaces in group residences and 300 scattered site apartments. In 2002, 1,082 persons applied for these units. Of the total requests, only 224 of them could be served while 858 or 79% were denied. Data shows an increasing demand for AIDS housing which has not been met by significant increases in new housing units. Total applications to AIDS housing providers increased from 867 in 1999 to 1,082 in 2002, an increase of 25%. During the same time period, the total number of housing slots available increased from 410 to 491, a 19% increase. Therefore, the demand for an already severely limited supply of supportive housing continues to outpace the growth of new affordable housing to meet that need.

Table 3 shows an estimate of the number of housing units that would need to be created in each county in Connecticut in order to house all of the people with HIV/AIDS who are homeless. The table shows three levels. "Threshold 1" shows the number of units that would need to be created to house all the people with full blown AIDS who are living in homeless shelters. In order to do this, the number of current AIDS housing units would need to be doubled. The second level, or "threshold 2", shows the number of additional units needed to house people with full blown AIDS *and* people with HIV-only who are living in homeless shelters. To provide housing for these two groups, the current number of AIDS housing units would need to be quadrupled. Finally, "threshold 3" shows the number of additional units needed to provide housing for people who lose their home at least once during the year. This third level includes people who may live doubled up with friends or relatives. Since people in this third group spend most of their time tottering on the verge of homelessness, paying more than they can afford in rent, and/or living in substandard housing, this group was included as being in need of safe affordable housing. We did not include in these numbers people who are consistently paying more than they can afford in rent and who are therefore at constant risk of homelessness, but manage to avoid it, although, clearly this group is in need of safe, affordable housing as well.

Table 3.

City/ Region	Current HIV AIDS housing units	Total Persons Living With AIDS (PLWA's)	Threshold 1 (T1) PLWA's using shelter system (9% PLWA's)¹²	Total Persons Living With HIV/AIDS (PLWHA's)	Threshold 2 (T2) PLWHA's using shelter system (9% PLWHA's)¹³	Threshold 3 (T3) PLWHA's without permanent address at least once in a year (12% PLWHA's)¹⁴
Hartford County	205	2,082	187	5,413	487	1,500+ (28%) ¹⁵
Tolland County	0	75	7	195	18	23
Windham County	10	109	10	283	25	34
New London County	20	320	29	832	75	100
Middlesex County	7	107	10	278	25	48 (17.5%) ¹⁶
New Haven County	162	2,043	184	5,312	478	1,381(26%)
Fairfield County	87	1,644	148	4,274	385	1,111(26%)
Litchfield County	0	96	9	250	22	30
Totals	491	6,476	584	16,837	1,515	4,227

¹² CARC Shelter survey; CCEH homelessness data.

¹³ CARC Shelter survey; CCEH homelessness data.

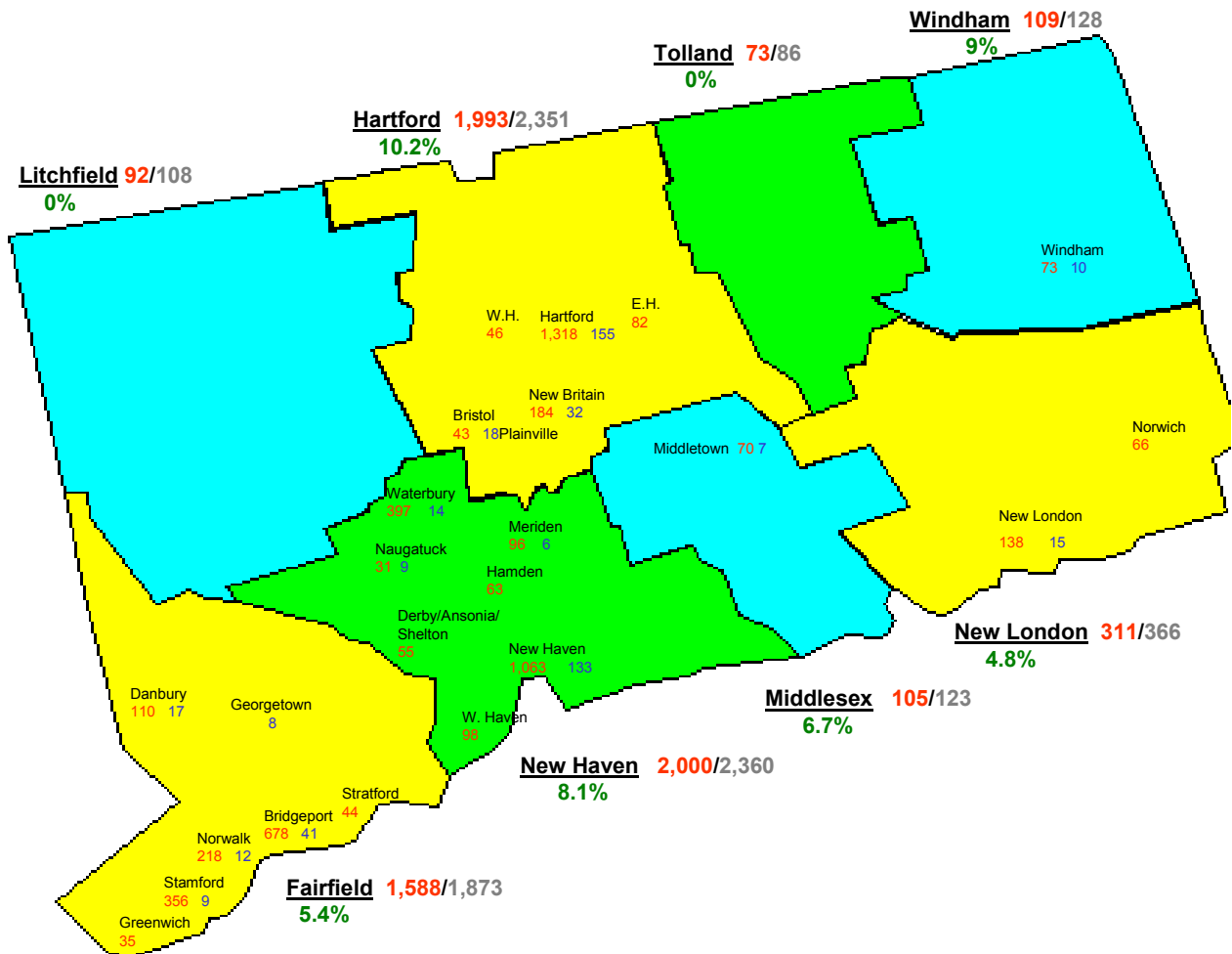
¹⁴For this column of data, estimates are indicated in red and are based on extrapolations for Connecticut from Martha Burt, et. al. and Dennis Culhane, et. al., Urban Institute, Washington D.C. and University of Pennsylvania. Actual data, where available, is indicated in pink. As the data reveals, the 12% statewide estimate is conservative, with actual data revealing that the rate of homelessness among people with HIV/AIDS varies between 17% and 30%.

¹⁵ Ryan White Planning Council Survey, 2002. .

¹⁶Ryan White Planning Council Survey, 2002.

Figure 2 shows the distributions of people living with HIV/AIDS and current AIDS housing units across the state. Based on this distribution, this needs assessment identified several geographic areas as having the lowest ratio of AIDS housing units to people living with AIDS: Greater Waterbury/Nagatuck Valley, Middlesex County, New London County, Stamford, Norwalk, and Windham County. These regions, and their particular needs are explored in greater depth in the following pages.

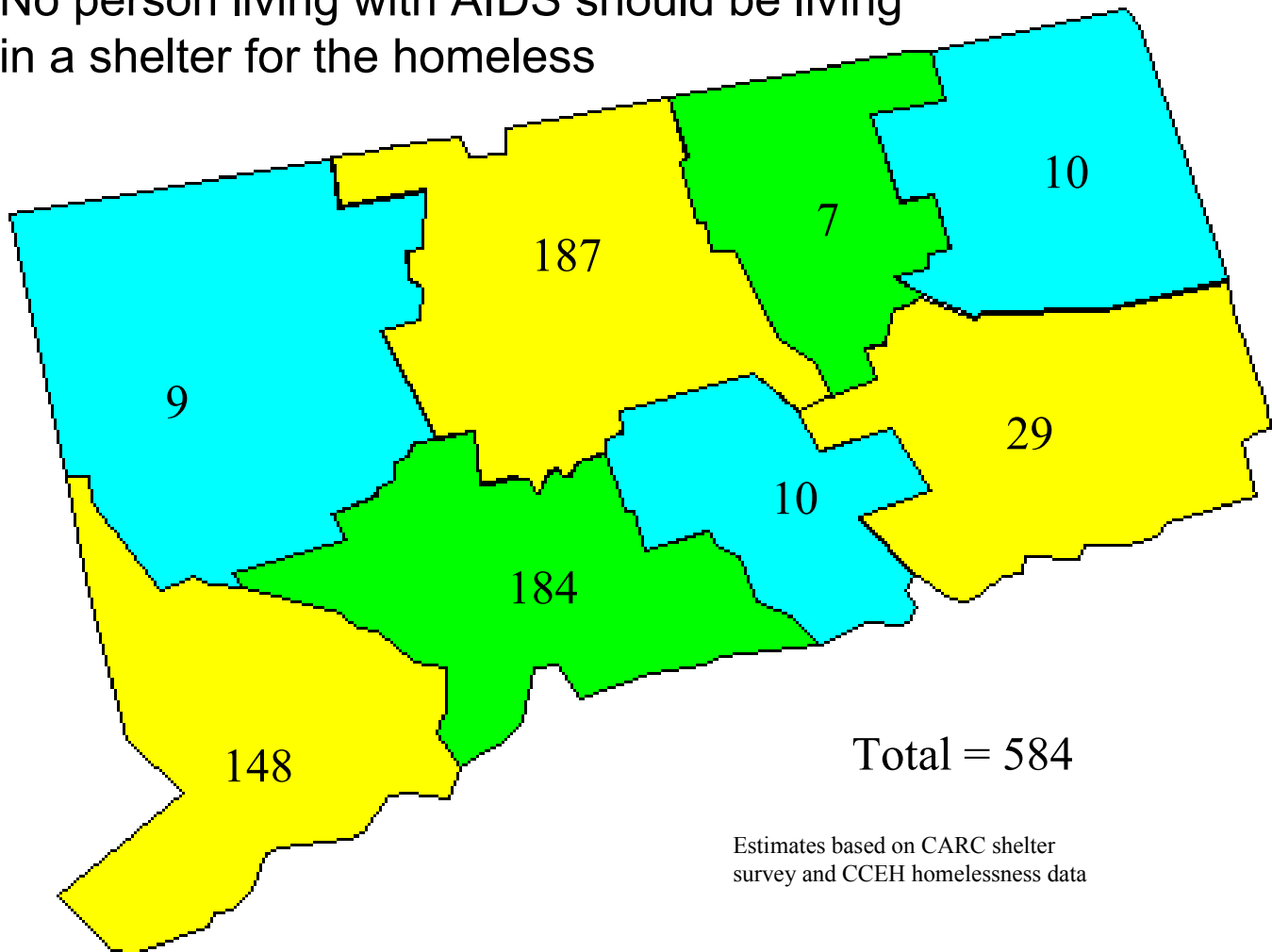
Figure 2. Geographic Distribution of AIDS cases and Current AIDS housing units



Legend:

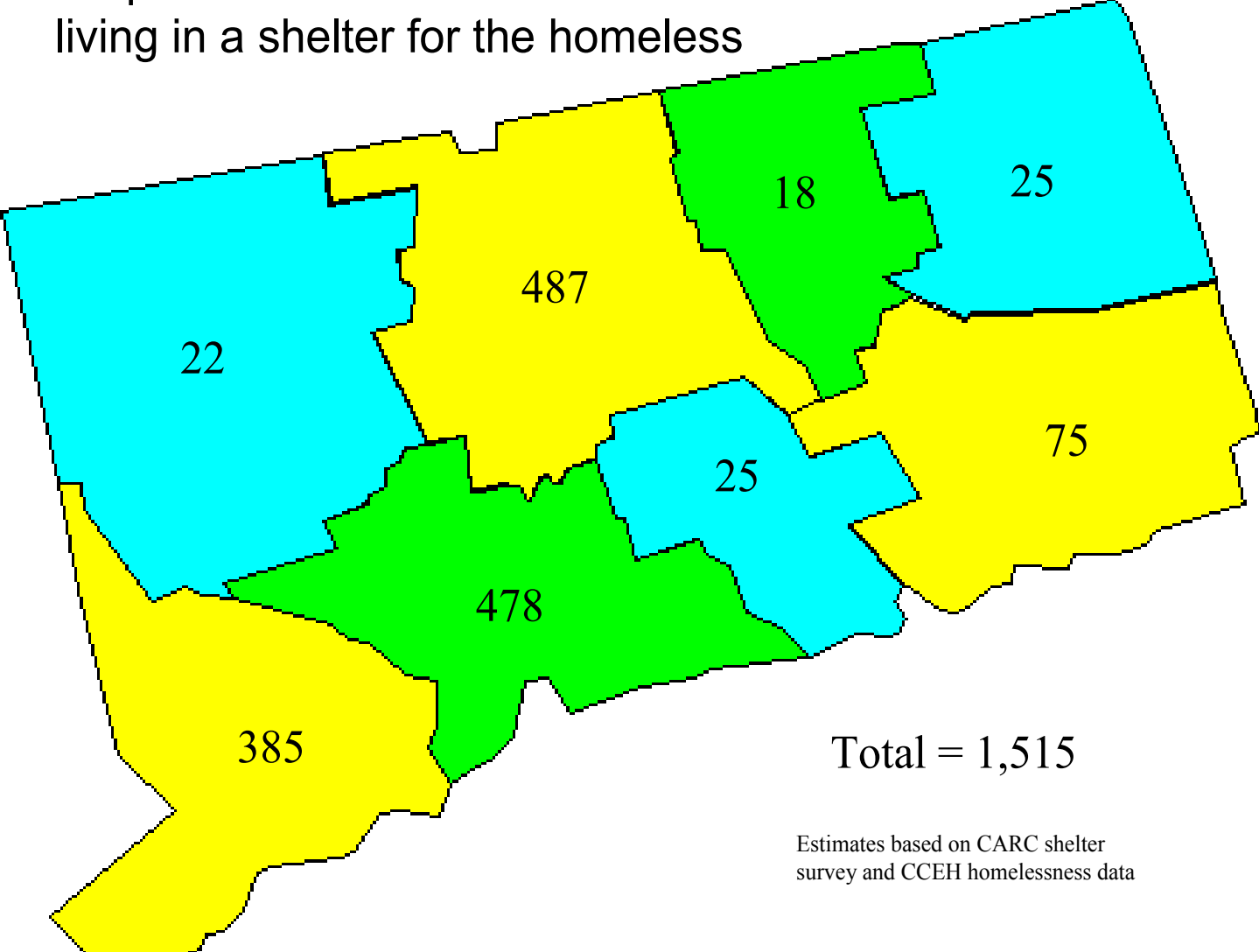
- Red: people with AIDS
- Blue: AIDS housing units
- Green %: housing units as a % of AIDS cases

No person living with AIDS should be living in a shelter for the homeless



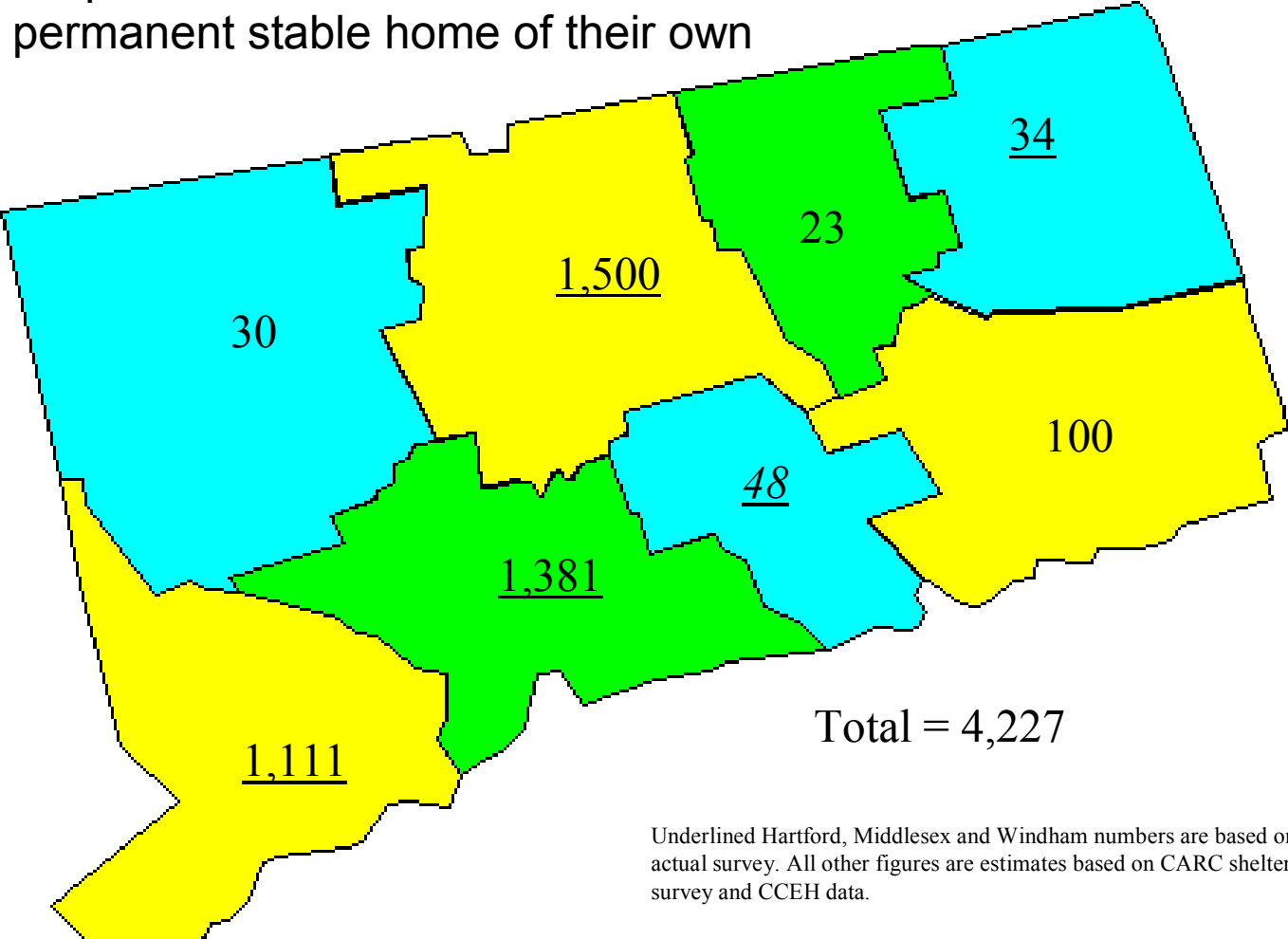
Estimates based on CARC shelter survey and CCEH homelessness data

No person with HIV or AIDS should be living in a shelter for the homeless



Estimates based on CARC shelter survey and CCEH homelessness data

No person with HIV/AIDS should be without a permanent stable home of their own



Underlined Hartford, Middlesex and Windham numbers are based on actual survey. All other figures are estimates based on CARC shelter survey and CCEH data.

Recommendations

Across the state, there were recurring themes expressed by consumers and providers in focus groups and interviews conducted as part of this needs assessment. The following recommendations represent the most pressing and most often expressed of these themes.

- 1. Increase the affordable permanent housing stock:** In four out of the six regions studied, (New London, Middletown, Stamford, Norwalk), consumers and providers repeatedly told of the effects of a shortage of the supply of housing: fierce competition for rental units, landlords avoiding tenants who are “in a program”, skyrocketing rents, and the lack of any rental housing on the market.
- 2. Upgrade existing affordable housing stock:** In the remaining two regions studied, (Windham and Waterbury) participants told of seriously substandard housing. While some consumers are able to make ends meet in a market rate apartment, with the help of a subsidy, most if not all of these apartments are substandard or are in drug-plagued neighborhoods.
- 3. Each community needs a true complete continuum of housing without gaps:** Many consumers told of being helped out of homelessness by a well-organized group of providers along a continuum of care, often from a shelter, to drug treatment, and then to transitional housing. However, often consumers would tell of being put at risk of homelessness again by being “stuck” at a particular point in the continuum because of a lack of housing at the next step. Most often, the gap exists at the level of permanent housing. So, for example, a consumer who was homeless and actively using was referred from a shelter to drug treatment and then to transitional housing. However, there was no permanent affordable housing available to him, so he shared a house with friends in a community that was not conducive to his sobriety, and had to work two jobs to afford the rent, putting himself at risk of homelessness again.
- 4. There must be some housing in the community that addresses the needs of substance users:** In many places, substance abuse is a significant barrier to consumers getting out of homelessness. In communities where there is only housing that requires consumers to be clean and sober, there is a significant subgroup that remains in long-term homelessness. These consumers are most likely part of the same group cited in the Ryan White Planning Council surveys as the “out of care” group, a group not receiving primary medical care, many of whom are unable to take the first step toward permanent housing without a program that is able to work with them regarding substance use issues. Comprehensive training should be available regarding how to meet the needs of substance abusers, outside of a clean and sober model, in such a way that also addresses the necessary limits of administering a housing program.
- 5. Focus on stabilizing at-risk housed population:** Several consumers told of the impoverishing effects of their disease which caused them to become homeless.

Many people became unable to work and could no longer afford their mortgage or rent. Some were evicted while awaiting a decision on their disability benefits. What was even more compelling about these stories was how difficult people found it to become stably housed again once they had lost their primary housing. Many families and individuals languished in shelters or, more often, in temporary or substandard housing or motels, for months or years before regaining stable housing again, if at all.

- 6. Each community should have a local Continuum of Care for purposes of obtaining funding from the Department of Housing and Urban Development.** Communities without a local continuum of care miss not only the opportunity to receive funding directly from HUD but also the organization and cohesion inherent in such continuums, which greatly benefit consumers. AIDS housing providers should, of course, be actively involved in their local continuum. It is also strongly recommended that each continuum count people with HIV in its yearly homeless census.
- 7. Wherever feasible, case management services should include a housing specialist position.** Communities with such positions tend to be more effective and efficient at linking consumers with available housing.
- 8. Re-evaluate Department of Social Services security deposit guarantee program.** Although the Department of Social Services (DSS), for eligible clients, will guarantee a landlord the amount of a security deposit should damage occur, many landlords refuse to accept the guarantee. Despite the fact that it is illegal for landlords to do so, in practice it is extremely difficult to enforce. Due to the exigencies inherent in finding housing, clients do not have time to pursue a legal remedy against the landlord. Moreover, because of the extreme competition for rental housing, a landlord can simply choose another tenant who is not relying on the security deposit program without making his reasons known. Consumers and providers across the state repeatedly stated that landlords do not accept it, and consumers are left without a viable option except to find another landlord and another source of security deposit. Either DSS should consider a public education and enforcement campaign, or clients should not be required to utilize this option before accessing other sources of funding.

**Connecticut AIDS Residence Coalition
Waterbury Region Needs Assessment
Summary of Findings**

Waterbury is a town of 106,000 people located in the northwest corner of New Haven County. Its per capita income is \$22,264, 30% lower than the statewide per capita income of \$33,974. The poverty rate in Waterbury is 15.9%, and increase from 12.1% in 1990, and twice the statewide rate of 7.9% (up from 6.6% in 1990).

In the greater Waterbury area, including the Naugatuck Valley from Naugatuck to Ansonia/Derby/Shelton there are approximately 550 persons living with AIDS. By Department of Public Health estimates, there are an additional 880 people living with HIV (non-AIDS). Over half (54%) of the persons living with AIDS in Waterbury were infected by IV drug use (more than twice the national average), while 17% have some history with the Department of Corrections. Thirty-seven percent are Hispanic, nearly twice the national average. Based on statewide homelessness data, and a CARC survey of homeless shelters, there are currently 172 homeless people with HIV in the Waterbury/Naugatuck Valley area.

A survey of HIV/AIDS case managers in the area showed that over 90% of their 230 clients have monthly incomes of less than \$750.00 per month.¹ Housing cost data in Waterbury show that this level of income is insufficient to afford market rate housing in the Waterbury area.² Therefore, the majority of persons with HIV/AIDS in Waterbury must seek housing within the network of HIV/AIDS-specific and non-HIV/AIDS-specific subsidized housing.

Currently, there are 23 units of HIV/AIDS-specific housing, serving less than 2% of the persons with HIV/AIDS, making this region one of the most underserved in the state. The existing housing units include 7 scattered site permanent units, and 16 transitional units.

With respect to the general affordable housing market, a survey of the economic statistics and affordable housing providers revealed a high demand for a limited supply of affordable housing. Waterbury has 10,391 subsidized housing units³, while housing cost and income data show that 15,924 households need subsidized housing.⁴ The pressure on the housing market is confirmed by application and waiting list information from the

¹ This data is consistent with two other statewide income surveys as well as a nationwide survey conducted by AIDS Housing Washington over a six year period from 1995 - 2001 showing that 80% of respondents had incomes of less than \$ 1,000 per month.

² Priced Out, a report of the Consortium for Citizens with Disabilities, www.c-c-d.org

³ Connecticut Department of Economic and Community Development

⁴ Out of Reach, a report of the National Low Income Housing Coalition, www.nlihc.org; and U.S. Census Bureau, Census 2000 Summary File 3, Table P88, Ratio of Income in 1999 to Poverty Level, and Table P93, Ratio of Income in 1999 to Poverty Level by Household Type.

Waterbury Housing Authority (WHA), which oversees 2,100 Section 8 vouchers, 700 unit-based subsidies, and 850 public housing units. In November, 2002, WHA opened its section 8 waiting list and received 3,000 applications for 100 available vouchers. 1,000 people were placed on the waiting list, and the other 1,900 turned away until the waiting list is opened again two to three years from now.

Data from the unit-based subsidies administered by WHA is equally discouraging. The waiting list for these units is currently closed and opens only once every 2-3 years. For the public housing projects, there are 550 people on the waiting list, with waits for an apartment ranging from 3 months to 1 year. Unit-based subsidies run by private landlords can be obtained on an irregular basis, depending on contacting the right landlord at the right time, as there is no systematized application process for these. Non-profit low-income housing developments reported receiving many applications and having long waiting lists, although exact figures were not available.

This data was further corroborated by the results of consumer and provider interviews and focus groups conducted over the course of this needs assessment. There were two common themes in the group responses to questions regarding clients' experience with housing. One was the fact that most clients have very little income, and therefore constantly struggle to make ends meet. For example, a typical client receiving SSI and living in a market rate apartment is spending 64-85% of income on rent. This kind of living situation requires strict budgeting and allows no room for emergencies or unusual expenses, not to mention the necessary sacrifices to good nutrition and wellness care, both essential elements to maintaining the health of an individual with HIV/AIDS. In addition, many clients find it difficult to come up with the start-up costs of renting an apartment (security deposits, money for furniture, resolving poor credit problems.)

The second common theme was the fact that most clients have personal histories that create barriers to obtaining and then maintaining housing. These include criminal records, substance abuse, and poor credit or eviction histories. The focus group participants agreed on the need to have supportive services along with the housing, both as a way of obtaining appropriate housing and maintaining stable living situations. These barriers also indicate a need for housing that does not exclude applicants on the basis of drug use or criminal histories.

Summarizing the results of all focus groups and individual interviews, including both providers and consumers in the Waterbury area, the following can be said about the needs for housing and housing-related services for people with HIV/AIDS:

1. The top priority for consumers is to increase the number of rental vouchers and security deposit programs.⁵

⁵ It should be noted that the State Department of Social Services offers a security deposit guarantee program in which it will guarantee landlords payment of up to two month's rent for damages. Although most providers seem to be aware of the program, and although it is illegal for landlords to refuse the state guarantee, it is still the case that landlords routinely deny applicants who do not have cash deposits. In most cases, the law goes unenforced, usually because tenants do not have the time or means to pursue a

2. The following types of housing were also noted as needs:
 - a. Housing for people with criminal records
 - b. Scattered site housing with supportive services
 - c. Housing that does not require a client to be clean and sober
 - d. Emergency shelter with supportive services
 - e. AIDS hospice
 - f. Transitional housing for families

3. The following services were also noted as needs:
 - a. Transportation
 - b. Dental care
 - c. Regular access to HIV health clinic (now 2 days)
 - d. Detox
 - e. Long-term substance abuse treatment
 - f. Community drop-in center
 - g. AIDS hotline
 - h. Comprehensive inventory of existing housing programs available to people with HIV/AIDS
 - i. Coordination of services with other non-HIV/AIDS providers.

4. Waterbury has the following resources related to HIV/AIDS housing and services:
 - a. A supply of abandoned buildings which could be rehabilitated for affordable housing.
 - b. The potential for Waterbury to have its own Continuum of Care for purposes of HUD homelessness funding.

legal complaint. It may be that this is an issue for the broader housing community to address.

WATERBURY/NAUGATUCK VALLEY HIV/AIDS HOUSING FACT SHEET

HIV/AIDS Specific Housing: 23 units

Total Waterbury/Naugatuck Valley HIV/AIDS cases: 1430 (This number includes 550 reported cases of AIDS plus an estimated 880 persons with HIV/non-AIDS.)

Of the documented cases of AIDS in Waterbury:

- *54% were infected by IV drug use
- *17% have had some history with the Department of Corrections
- *37% are Hispanic
- *31% are black
- *31% are white
- *63% are male
- *37% are female

Relative to the state of Connecticut as a whole, Waterbury has a higher percentage of Hispanics, females, and persons infected by intravenous drug use. Relative to the national average, Waterbury has twice as many persons with the virus who are infected by injection drug use and twice as many Hispanics affected by the disease.

Cost of Housing in Waterbury:

	0 Bedroom	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Fair Market Rent (FMR)	\$507	\$685	\$849	\$1058	\$1186
Income Needed¹	\$20,280	\$27,400	\$33,960	\$42,360	\$47,440
Income Needed as % of FPL	226% (HH of 1)	226% (HH of 2)	222% (HH of 3)	230% (HH of 4)	220% (HH of 5)

¹ Out of Reach, a report of the National Low Income Housing Coalition, www.nlihc.org

Subsidized Housing Gap

Total Households below 200% FPL²: 15,924
Less Subsidized units available³: - 10,391

Households in need: 5,533

SSI Benefit Level	SSI as a % of Median Income	% SSI to rent efficiency apt.	% SSI to rent a one bedroom apt.
\$747.00	22.1%	62.5%	84.3%

According to the U.S. Department of Housing and Urban Development, housing is considered affordable if you spend no more than 30% of your income on housing. This means, if you are a disabled person receiving SSI, *by definition* you cannot afford market rate housing in Waterbury.

A single parent in the Waterbury area making minimum wage (\$6.70 per hour) would need to work 102 hours per week, or the equivalent of 2 and a half full-time jobs in order to afford a two-bedroom apartment.

A single adult in the Waterbury area working full-time would need to earn \$12.12 per hour in order to afford an efficiency apartment.

People with HIV/AIDS in Waterbury/Naugatuck Valley who are homeless: 172 (This is 12% of the total number of people with HIV/AIDS. Estimates are based on a statewide survey of homeless shelters, statewide homelessness figures, and epidemiological data.)

² U.S. Census Bureau, Census 2000 Summary File 3, Table P88, Ratio of Income in 1999 to Poverty Level; and Table P93, Ratio of Income in 1999 to Poverty Level by Household Type.

³ Connecticut Department of Economic and Community Development, Town Profiles

Waterbury Housing Inventory
May 7, 2003

Type of Housing	Name of Agency	Address/Telephone
Emergency Shelter	Salvation Army Family Shelter	74 Central Ave (203)756-1718
	St Vincent de Paul Shelter	114 Benedict St (203)573-9018
Transitional Living	New Opportunities (scattered site HIV/AIDS)	232 North Elm St (203)575-9799
	Independence Northwest (scattered site HIV/AIDS)	1183 New Haven Road Suite 200 Naugatuck (203)729-3299
Residential Substance Abuse Treatment	CNV Help, Inc.	900 Watertown Ave
	Morris Foundation 1. therapeutic shelter 2. women and children's 3. Morris House	95 Scoville Street 4 th floor
Permanent Supportive Housing	CNV Help, Inc 1. Glenlunan Halfway House 2. Wynnwood Place 3. Kinsella Commons Residence (mental health group homes)	900 Watertown Ave P.O. Box 2570
	CT Outreach West/ CNV HELP/ Morris Foundation (CSH PILOTS program: scattered site with support services)	
Permanent Housing	New Opportunities, Inc. (scattered site HIV/AIDS)	232 North Elm St (203)575-9799
	Waterbury Housing Authority 1. Public Housing 2. Section 8 3. Section 236 unit based certificates 4. private project- or unit-based subsidies	

Nonprofit Housing Developers	Naugatuck Valley Housing Devel.	26 Ludlow St
	Mount Olive Zion Church	P.O. Box 2387
	Neighborhood Housing Services	139 Prospect St.

Waterbury Area Needs Assessment
Focus Group: Case Managers
February 6, 2003

Group Questions

What towns do clients you serve come from?

What percentage of your clients have an unmet housing need? What kind?

What is your experience with the existing AIDS/HIV supportive housing?

What are your and your clients' experiences trying to get into the various forms of affordable housing available in Waterbury?

What are the most successful housing avenues for your clients?

What are the least successful housing avenues for you clients?

What are some of the barriers to clients obtaining housing?

How does a criminal justice record affect your clients' abilities to obtain and maintain housing?

What % of clients?

How does substance abuse affect your clients' abilities to obtain and maintain housing?

What % of clients?

If you could create additional housing slots of the kind that already exist, what kind would be most used by and appropriate for your clients?

If you could create a new kind of housing that doesn't currently exist, what kind would be most used by and appropriate for your clients?

**Waterbury Area Needs Assessment
Focus Group: Case Mangers
February 6, 2003**

Client Income Questionnaire

Name (optional):

Agency (optional)/Town:

Telephone (optional):

E-mail (optional):

1. How many clients with HIV/AIDS do you case manage right now?
2. How many of your clients have no income at all? (If a client receives food stamps but no cash income, please include them here.)
3. How many of your clients receive SAGA cash assistance?
4. How many of your clients receive TANF?
5. How many of your clients receive SSI?
6. How many of your clients are working?
7. Of the number of clients who are working, how many earn \$10.00 per hour or less?
8. Of the number of clients who are working, how many earn \$10.01 to \$15.00 per hour?
9. Of the number of clients who are working, how many are earning over \$15.00 per hour?

Waterbury Regional Needs Assessment
Action Plan Log

March 11, 2003: CARC attended CSH/CUCS priority setting session for the HUD Region 5 which includes Waterbury and northwest Connecticut. CARC also organized member programs, including New Opportunities and Independence Northwest, as well as other important AIDS service providers such as the Valley Care Team in Ansonia, to attend. Collaborative discussions with other homeless service providers took place and the Waterbury group began to coalesce around the idea of building a Continuum of Care for Waterbury. A subsequent meeting was scheduled for April 3 at the Salvation Army, 74 Central Ave.

April 3, 2003: Carol Walter co-facilitated meeting at Salvation Army in Waterbury regarding building a Continuum of Care and applying for HUD funding this year. The group agreed to apply for funding through the Balance of State this year based on Fran Martin's recommendation that HUD requires a community to have a Continuum of Care in place for a longer period of time in order to be eligible for direct funding. Several collaborative efforts were discussed including the possibility of New Opportunities applying for funding for housing people with HIV/AIDS.

May 1, 2003: Carol Walter attended Continuum of Care meeting in Waterbury. A smaller core group of providers is developing and Continuum will be well in place for next year. It was not clear who would be applying for Balance of State funds this year.

May 29, 2003: It appears that New Opportunities will be applying for funding for scattered site units for people with HIV/AIDS through the Continuum of Care Balance of State process.

**Connecticut AIDS Residence Coalition
Middlesex County Needs Assessment
Summary of Findings**

Middletown is a town of 43,000 people located in the north of Middlesex County. Its per capita income is \$29,256 while that of the County as a whole is \$31,630, only slightly less than the state per capita income of \$32,317. The poverty rate of the town is 6.3%, (down from 7.0% in 1990), and slightly lower than the state average of 7.9%.¹

In Middlesex County, there are 273 people living with HIV/AIDS.² Eighty-five percent of these cases are concentrated in the Middletown area including Durham, Middlefield, Cromwell, Portland, and East Hampton. The remainder are clustered around the coastal towns of Essex, Clinton, Westbrook and Old Saybrook. Based on statewide estimates, there are 33 homeless persons with HIV in the county.³ However, the Ryan White Planning Council survey of people with HIV/AIDS showed that 48 people with HIV/AIDS in Middletown alone said they had been homeless in the past 12 months. Currently, there are 7 scattered site units of HIV/AIDS specific housing, administered by Mercy Housing and Shelter, serving roughly 3% of the persons with HIV/AIDS.

Services for people with HIV/AIDS in the county are organized around the Community Health Center, Inc., (CHC) which has offices in Middletown and Clinton, and more specifically, around the Oasis Wellness Center, a community center in Middletown for people with HIV/AIDS. The center, a program of the CHC, provides case management, education and outreach, as well as medical, dental and mental health services. Oasis currently serves 112 persons, almost all of whom are below 300% of poverty. Most of their current clients are single adults. Approximately 80% of their clients are stably housed, either in market rate apartments, subsidized housing, or receiving assistance from Mercy Housing and Shelter or Ryan White Title I assistance through CARC. Approximately 20% of their clients have an unmet housing need. The needs include clients who cannot find housing due to a criminal record, and clients who have just been discharged from substance abuse treatment and can't find housing.

With respect to the subsidized housing market generally, a survey of economic statistics reveals an excess demand for subsidized housing. Middlesex County has 5,076 subsidized housing units⁴ while housing cost and income data show that 8,704

¹ U.S. Census Bureau, Census 2000 Summary File 3, Table P88, Ratio of Income in 1999 to Poverty Level.

² This includes 105 persons known to be living with AIDS, plus an estimated 168 persons with HIV (non-AIDS). (The HIV estimate is based on Department of Public Health statewide estimates).

³ Estimates are based on a statewide survey of homeless shelters, statewide homelessness figures, and epidemiological data. (See CARC Regional Needs Assessment, Introduction for explanation).

⁴ Connecticut Department of Economic and Community Development

households need subsidized housing.⁵ Application and waiting list information from the Middletown Housing Authority (MHA) demonstrates this excess demand.

The MHA runs 434 units from efficiencies to 4 bedroom units and the waiting list varies depending on the apartment size. The non-elderly 1 bedroom units have a wait of several years because there are only 6 units. Turnover is very low, with the average tenant stay being 5-10 years. The 2 bedroom apartments have a wait of just over 1 year, while the 3 and 4 bedroom apartments are available in under 6 months.

MHA also administers 775 section 8 vouchers, with a waiting list of 1 to 1½ years. The waiting list last opened in October 2002. Applicants were required to mail in a pre-application date stamped for a particular day. The MHA received 1100 applications and 250 were placed on the waiting list while the other 850 were turned away.

The results of provider and consumer focus groups and individual interviews were consistent with statewide estimates of homelessness among people with HIV/AIDS. Of the 112 clients served by Oasis, 20% of them are living on the streets, in shelters, or are without their own permanent address. Of the 28 clients served by Positive Solutions, a work training program for people with HIV in Middletown, an estimated 10-25% are homeless, while up to 50% of them pay more than 30% of their income to rent. As in other parts of the state, many clients experience barriers to obtaining housing if they have criminal records, poor credit or substance abuse histories. The consumer focus group also highlighted the impoverishing impact of having HIV, including the risk to homeownership that comes with becoming disabled.

Recommendations

Middlesex County has the benefit of being a small community which is closely knit through the local Continuum of Care and, for PLWHA's, through the work of the Oasis Center. The Center is able to reach and serve nearly half of all the PLWHA's in the county. However, Oasis has not historically been greatly involved in the work of the Continuum. Provider interviews during the course of the needs assessment revealed that the Continuum is looking to increase its Shelter Plus Care certificates but needs additional agencies to provide case management services for the certificates. Oasis, on the other hand, provides case management and 20% of their clients are in need of housing. Therefore, it was recommended to Oasis to join the Continuum and consider offering a joint application to HUD for additional Shelter Plus Care certificates with Oasis providing the case management services.

⁵ Out of Reach, a report of the National Low Income Housing Coalition, www.nlihc.org ; and U.S. Census Bureau, Census 2000 Summary File 3, Table P88, Ratio of Income in 1999 to Poverty Level, and Table P93, Ratio of Income in 1999 to Poverty Level by Household Type.

MIDDLESEX COUNTY HIV/AIDS HOUSING FACT SHEET

HIV/AIDS Specific Housing: 7 units

Total Middlesex County HIV/AIDS cases: 273 (This number includes 105 reported cases of AIDS plus an estimated 168 persons with HIV/non-AIDS.)

Of the documented cases of AIDS in Middletown:

- *40% were infected by injection drug use (IDU)
- *17% have a history with the Department of Corrections
- *50% are white
- *33% are black
- *17% are Hispanic
- *71% are male
- *29% are female

Relative to the state as a whole, Middletown has a higher percentage of Whites and males living with AIDS. It has a lower percentage of Hispanics and a lower percentage of persons infected by IDU. It has a somewhat higher percentage of heterosexual transmission. It also has the highest percentage in the state of "unknown/other" reported transmission.¹ Its percentage of Blacks, males and females are approximately equivalent to the statewide average.

Cost of Housing in Middlesex County (per HUD Hartford MSA, including towns of Cromwell, Durham, E. Haddam, E. Hampton, Haddam, Middlefield, Middletown, Portland):

	0 Bedroom	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
FMR	\$510	\$636	\$813	\$1020	\$1238
Income Needed²	\$20,400	\$25,440	\$32,520	\$40,800	\$49,520
Income Needed as % of FPL	227% (HH of 1)	209% (HH of 2)	213% (HH of 3)	222% (HH of 4)	230% (HH of 5)

¹ This may be related to the level of stigma associated with the disease reported to be very high by focus groups and individual interview results.

² Out of Reach, a report of the National Low Income Housing Coalition, www.nlihc.org

Cost of Housing in Middlesex County (for HUD-defined non-metropolitan county, including Chester, Deep River, Essex, Westbrook):

	0 Bedroom	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
FMR	\$676	\$766	\$1,023	\$1,424	\$1,679
Income Needed	\$27,040	\$30,640	\$40,920	\$56,960	\$67,160
Income Needed as % of FPL	300% (HH of 1)	253% (HH of 2)	268% (HH of 3)	310% (HH of 4)	312% (HH of 5)

Subsidized Housing Gap:

Total Households below 200% FPL³:	8,704
Less Subsidized units available⁴:	<u>- 5,076</u>
Households in need:	3,628⁵

According to the U.S. Department of Housing and Urban Development, housing is considered affordable if you spend no more than 30% of your income on housing. This means, if you are a disabled person receiving SSI, *by definition* you cannot afford market rate housing in Middletown.

A single parent in the Middletown area making minimum wage (\$6.70) per hour would need to work 118 hours per week, or the equivalent of nearly three full-time jobs in order to afford a two-bedroom apartment.

A single adult in the Middletown area working full-time would need to earn \$13.09 per hour in order to afford an efficiency apartment.

People with HIV/AIDS in Middlesex County who are homeless: 48+⁶

³ U.S. Census Bureau, Census 2000 Summary File 3, Table P88, Ratio of Income in 1999 to Poverty Level; and Table P93, Ratio of Income in 1999 to Poverty Level by Household Type.

⁴ Connecticut Department of Economic and Community Development, Town Profiles

⁵ Since we use the 200% FPL threshold here and in some areas, the relevant threshold is up to 300%, there are actually a greater number of households in need.

⁶ Ryan White Planning Council Survey, 2002

Middletown Housing Inventory
May 7, 2003

Type of Housing	Name	Address and Telephone
Emergency Shelter	American Red Cross Family Shelter	117 Daddario Road (860)347-8686
	The Eddy Center	P.O. Box 351 Labella Circle (860)343-5520
Transitional Living	Nehemiah Housing Corp (Green Court)	33 Ferry Street (860)347-7362
	Middletown Residential Services (Shepherd Home)	112 Bow Lane P.O. Box 1179 (860)344-0766
	American Red Cross Transitional Living Program	117 Daddario Road (860)347-8686
	YMCA	
Residential Substance Abuse Treatment	The Connection, Inc. 1. Connection House 2. Women and Children 3. Mother's Retreat	955 South Main Street (860)343-5503
	Rushford	1250 Silver Street
	CVH-Merritt Hall	Box 351
Permanent Supportive Housing	St. Vincent de Paul Society (Liberty Commons)	8 Liberty Street (860)704-0302
	River Valley Services (Shelter Plus Care)	P.O. Box 351 (860)262-5352
	Gilead Community Services (Mental Health Group home)	681 Saybrook Road 343-5300
Permanent Housing	Middletown Housing Authority 1. Public Housing 2. Section 8	40 Broad Street (860)346-8671
	Mercy Housing and Shelter (scattered site program)	211 Wethersfield Ave Hartford, CT (860)724-7988
	Nehemiah Housing (Rainbow Court)	33 Ferry Street (860)347-7362

Middlesex County Regional Needs Assessment
Action Plan Log

March 27, 2003: interviewed Terry Carbone, Liberty Commons, 347-4059

March 27, 2003: interviewed Monifa Middleton, Program Coordinator, Oasis Center, 344-1259.

April 2, 2003: interviewed Norman Bishop, founder of Positive Solutions, 704-8067

April 16, 2003: interviewed Michael Taylor, ED Nehemiah Housing, 347-7362
He informed me that the Middletown Continuum of Care has a certain amount of dollars that need to be spent on permanent housing and they have traditionally used these dollars to increase the number of Shelter Plus Care certificates. However, this year, they are having difficulty finding the necessary matching dollars for case management. I told him that the Oasis Center offers case management to many consumers who could use housing certificates. Michael said that the CHC folks have not traditionally attended Continuum meetings and I agreed to encourage them to go and to suggest to them a housing/case management collaboration.

April 16, 2003: called Yvette Highsmith-Francis (Director HIV Services for CHC) and Monifa Middleton to inform them of the outcome of my meeting with Michael. Monifa did go to the most recent Continuum meeting and will continue to go. Yvette was enthusiastic about the prospect of a collaboration within the Continuum for housing certificates for HIV folks with supportive services provided by Oasis.

April 17, 2003: scheduled provider focus group for Thursday, May 1, 2003 at 10:00 at the Oasis Center.

Scheduled consumer focus group for Wed May 7, 2003 at 6:00 p.m. at Oasis.

May 1, 2003: conducted focus group for providers at Oasis
Interviewed Pama Barber, R.N. (Community Health Center, Meriden)

May 7, 2003: conducted focus group for consumers at Oasis

Record of Individual Interviews

I. Record of interview with Monifa Middleton, Program Coordinator, Oasis Center
344-1259
March 27, 2003

The Oasis Center is a community center in Middletown serving people with HIV across Middlesex County. The center provides case management, HIV testing, nurse visits, meals, transportation, support groups, alternative therapies, and educational groups. They are funded in part by Ryan White Title I, and for those Title I services, clients must have income which does not exceed 300% of poverty. To receive case management services, there is no income limit.

The center can serve up to 120 persons infected or affected by the disease. They currently serve 112, of whom approximately 5-6 are over 300% of poverty. Most of their current clients are single adults. They do have some clients who come from the southern part of the county, Clinton and Old Saybrook. Currently, approximately 80% of their clients are living in some sort of subsidized housing, such as section 8, public housing, the Mercy Housing and Shelter scattered site program, and Ryan White Title I rental assistance through CARC. Approximately 20% of their case managed clients have a housing need. Some of the housing problems include:

- having a rental voucher but not being able to find an apartment due to a criminal record;
- just moved to the area and can't find housing;
- coming out of substance abuse program and can't find housing.

Housing which is available to persons with HIV along the continuum of care include:

Middletown Housing Authority: 110 Public Housing Units (see update, Middletown Housing Authority interview); 700 Section 8 vouchers

Shelter Plus Care

Liberty Commons (permanent, individuals, 40 beds)

Shepherd Home: (transitional, individuals 70 beds)

Nehemiah Housing: (transitional)

Red Cross Shelter (emerg. Families and individuals (?))

Eddy Shelter (Sue D'Ouille is contact)

Other organizations that provide services to people with HIV include:

River Valley Mental Health

Middlesex Hospital

St. Vincent de Paul (soup kitchen) (has case managers)

Rushford (substance abuse treatment)

St. Francis (substance abuse treatment) Portland

The Connection

STD Family Practice

Middletown Health Department

Other collaborations involving programs who serve people with HIV/AIDS or the homeless include:

Gay and Lesbian Health Collective (Htfd)

Homeless Outreach Team (meets once/week at River Valley)

Regarding additional housing, Monifa would like to see more projects like Liberty Commons. The case managers mentioned the need for a shelter for people with HIV, as well as additional vouchers.

Regarding barriers to housing, the primary one she sees is the lack of affordable housing stock.

When asked about the special needs of a person with HIV who is homeless (as opposed to a non-HIV positive person) Stephanie Moses, homeless outreach case manager, described the pressures on the immune system during the winter months and the effect of being outside all day. Also, many medications come with side effects of vomiting and diarrhea, making homelessness particularly compromising. In addition, some people with HIV choose to stay out of the shelters in order to avoid discrimination.

Stephanie also pointed out that the numbers of people turned away by the shelters in Middletown has doubled over the past two years.

II. Record of Interview with Terry Carbone, Liberty Commons, 347-4059
March 27, 2003

Liberty Commons was one of the first supportive housing projects of the Corporation for Supportive Housing's Demonstration Program. Opening in 1996, it provides permanent supportive housing for 40 individuals in efficiency apartments. 50% of the units are set aside for homeless disabled persons (Shelter plus care), while 50% are set aside for low income individuals with no special needs. Terry did not know the HIV status of any of her clients. She finds that clients do not want to identify themselves as HIV+ and would rather identify as mentally ill or chemically dependent to meet the criteria for admission. In addition, discussions around case management issues usually center around substance abuse and recovery as this is the primary threat to housing stability.

Other housing available to people with HIV (in addition to those listed above) include:

Substance abuse halfway houses (Daymark, Oxford House)

Mental Health group homes (2) and supportive apartments run by Gilead

Barriers to housing in the area include:

No affordable housing stock even with vouchers.

III. Record of interview with Norman Bishop, founder of Positive Solutions, 704-8067.

Positive Solutions currently has three programs directed at serving people with HIV/AIDS, although they have no criteria on which they exclude people. First, they offer individual computer training, currently serving 2 people. Second, they offer parenting classes three times per year serving 6-8 families each class. The parenting coordinator is **Rita Wilson**. The third component is a piecework and assembly project called the Tower Project. The project has employed 60 people over a two year period, over 50% of whom were HIV+. During that time, it has paid out \$110,000 in salaries.

80-90% of the clients of Positive Solutions have incomes less than \$1,000 per month.

Other local collaborations affecting people with HIV include the Mayor's Commission "Concerned Citizens with Disabilities." The commission, of which Norman is a member, is appointed by the Mayor and is concerned with ADA issues, including new construction, curb issues, as well as individual advocacy.

IV. Record of interview with Michael Taylor, ED, Nehemiah Housing, 347-7362.

Nehemiah was founded in 1986 in response to the housing crisis. At that time, they were funded through state homelessness dollars from DSS in the amount of \$43,000 per year for operating expenses for 10 transitional units for families. They have 2- and 3- bedroom apartments at \$310 per month and \$330 per month, which, even though significantly below market rate, is still unaffordable for someone receiving TANF. Therefore, their clients need to be working at least part time, usually supplemented by TANF.

Some families eventually get section 8 and move on but there are problems even with the section 8 vouchers. Two years ago, 10 of the section 8 vouchers were being returned because clients could not find an apartment within the criteria in the given time limit. Because the rental market is so competitive, landlords will not rent to tenants with past credit issues and legal issues. They also will often refuse to accept the security deposit from the state DSS program. Even though this is illegal, many tenants are unable to follow up on this because a complaint to the Human Rights Commission takes too long and their time limit to find an apartment will expire.

Nehemiah also provides the housing search component for the Middletown PILOTS program. The PILOTS program in Middletown is led by The Connection, and includes Nehemiah and 4 other agencies who provide case management. Shelter Plus Care pays for the housing (**Yvette Harris** is the coordinator of Shelter Plus Care). **Lisa Pesci** is the housing search coordinator at Nehemiah. There are 15 units, half for families, half for individuals. The adult must have SA and MI issues. Michael was unsure whether any of the clients have HIV.

Overall, Nehemiah runs three programs. Green Court, (described above), PILOTS, and Rainbow Court, which started as a cooperative but the coop dissolved and now it is low income rental property.

Barriers to housing in the area include:

- Tight rental market, allowing landlords to take the most desirable tenants

- Lack of affordable stock

- Demolition of public housing stock

Housing Coalitions include the Continuum of Care. Michael said that the Continuum has been using its permanent housing bonus to increase the number of shelter plus care certificates in the area but that they are running out of organizations who can come up with the matching case management dollars. I told him that Oasis is doing lots of case management and have folks who need housing certificates. I will relay this information to Yvette Highsmith-Francis, and to Monifa Middleton and suggest that they go to Continuum meetings and think about a collaboration in this area to get rental vouchers for folks with HIV.

V. Telephone interview with Middletown Housing Authority

The Middletown Housing Authority runs the following public housing units:

1. Federal complex: 110 units
 6 1 bedroom
 rest 2,3, 4 bedroom
2. State moderate: 198 units
 2 or 3 bedroom
3. Elderly: 126 units
 effic. And 1 bedroom

The waiting lists for these programs vary depending on bedroom size. The 1 bedroom (non-elderly) has the longest wait, of several years because there are only 6. The units are spacious and turnover is very low, averaging 5-10 years. The longest tenant was there for 34 years.

The two bedrooms have waits of a little over 1 year.

The three and 4 bedrooms have waits of under 6 months.

The MHA also administers 775 section 8 vouchers, with a utilization rate of 93%. The wait list for these vouchers is 1 year to 1½ years. The waiting list was last opened in October 2002. Applicants had to mail in a pre-application date stamped for October 23. They received 1100 applications, and 250 were placed on the waiting list, to wait 1 to 1½ years.

VI. Interview with Pama Barber, R.N., HIV Services for Middletown, Clinton, Meriden; Community Health Center, Inc.

Pama has been working at the CHC for 1 year. They serve 100 clients with HIV in the 5 locations of the CHC. Some of the major trends in the population include:

- * 30 – 40% of patients are coming out of the prison system and have nowhere to go.**
- 80% have mental health issues, (This includes psychotic disorders and depression due to HIV; some were suicidal when they found out they were positive; they have lost friends and family to the disease; this can pose barriers to treatment because some believe the medications killed (or at least didn't save) their friends.)
- **In Meriden, 50% are homeless or underhoused.**

Medical issues related to housing include:

- some people end up in the shelters for the long term (1 year)
- in the shelter system, people have to leave for the day
- the side effects of the medications can be difficult to deal with on the street (vomiting, diarrhea, nausea)
- people are dealing with fatigue, either as a direct result of the virus or as a consequence of medication-induced anemia
- people are also dealing with neuropathy
- people need a place to store medications, some needing to be refrigerated; this raises confidentiality and stigma issues
- a person's ability to follow safe food and water practices is compromised when underhoused (It is recommended that they eat 5-6 small meals per day; leftovers should always be refrigerated, etc.)

CARC Regional Needs Assessment New London County Summary

New London County occupies the Southeastern corner of Connecticut with two-thirds of its AIDS cases being located in Norwich and New London. The rest of the cases are spread throughout the county including Ledyard, Preston, Stonington, Groton, Waterford, Old Lyme, Montville, Lebanon and Colchester.

New London is a town of 25,168 people with a poverty rate of 15.8% (up from 15.1% in 1990) and a per capita income of \$20,232, 40% lower than the state per capita income of \$33,974. Norwich is a slightly larger town with a population of 35,628, a poverty rate of 11.5% (down from 11.9% in 1990) and a per capita income of \$24,121.

In New London County, there are 808 people with HIV/AIDS.¹ Like the rest of the state, nearly half the people with AIDS in New London County were infected by injection drug use. Interestingly, New London County has a higher percentage of women living with the disease than the state average, with the city of Norwich having the highest percentage of women with AIDS in the entire state. The county also showed a notably high number of families with HIV in the shelter system.² Based on statewide estimates, there are 97 homeless persons with HIV in the county.³

Currently there are 20 scattered site units of HIV/AIDS specific housing, administered by the Alliance for Living, serving both families and individuals.

With respect to the subsidized housing market generally, a survey of economic statistics reveals an excess demand for subsidized housing. New London County has 11,508 subsidized housing units⁴ while housing cost and income data show that 19,578 households need subsidized housing.⁵

New London County is currently in the middle of a severe housing crisis. Even in a state such as Connecticut where there is not one town where a disabled individual receiving federal needs-based disability benefits can afford market rate housing, New London County's housing market is uniquely desperate. Due to an increased demand for housing caused by an influx of workers at the recently built Foxwoods and Mohegan Sun Casinos,

¹ This includes 311 known cases of people living with AIDS plus an additional estimated 497 people living with HIV (non-AIDS) (CT Department of Public Health).

² While many family shelters across the state reported having no residents with HIV, the two family shelters in New London County, TVCCA in Norwich, and Mystic Area Shelter in Groton, both reported the presence of PLWHA's, with MASH having 2 of its 3 apartments occupied by families with HIV.

³ This includes persons using the shelter system as well as persons who experience some loss of permanent address over the course of a year. See Regional Needs assessment introduction for explanation of data.

⁴ Connecticut Department of Economic and Community Development.

⁵ Out of Reach, a report of the National Low Income Housing Coalition, www.nlihc.org; and U.S. Census Bureau, Census 2000 Summary File 3, Table P88, Ratio of Income in 1999 to Poverty Level, and Table P93, Ratio of Income in 1999 to Poverty Level by Household Type.

and at Pfizer Pharmaceutical, the upward pressure on rental housing is extreme. Apartments are being rented for sometimes \$200.00 over the HUD fair market rent for the area and there are reports of rents constantly being raised to meet the increased demand. Furthermore, there simply is not enough housing stock to accommodate the numbers of people needing housing. As one housing authority representative put it, “It’s not only that there is no affordable housing, it is that there is no available housing, period.”

Results of focus groups with providers and consumers confirm that, while people with HIV/AIDS in New London County face many of the same barriers to housing as others, around the state (namely, lack of income, criminal histories, and substance abuse), the real crisis in the county is a lack of affordable housing units. This problem is so severe that clients cannot find an affordable apartment even when they have a rental subsidy. One provider told a story of a family who had to live in a motel for several months even though they had a Section 8 certificate. In addition, providers noted there are more working people who are not eligible for a rental subsidy because of their income but who nonetheless cannot afford market rate apartments.

In general, the pressure on the housing market has led to an increasing number of people being turned away from both public and private housing. Landlords are almost universally avoiding tenants with any kind of subsidy because they are seen as “problem tenants”. Public housing authorities are scrutinizing tenant’s eligibility more closely and are less inclined to be flexible with someone who may have a questionable housing history.

Finally, it was notable that both consumers and providers in New London indicated the desire for a congregate facility for people with HIV/AIDS. Consumers were particularly interested in congregate living because of the community-type living arrangement where they could support and be supported by other people with HIV. This was true for both individuals and families, although not all families. Providers were interested in congregate living because they noted that many people who went directly into a scattered site model could not maintain their housing because of relapse or other inability to manage independent living.

Recommendations

People with HIV/AIDS in New London County would greatly benefit from the construction of new housing, and particularly, the idea of a congregate facility should be further explored. In the immediate term, the Alliance for Living is planning to apply for additional housing subsidies through its local Continuum of Care. It is also recommended that CARC and local programs work with the local Continuum of Care to more accurately count homeless people with HIV.

NEW LONDON COUNTY HIV/AIDS HOUSING FACT SHEET

HIV/AIDS Specific Housing: 20 units

Total New London County HIV/AIDS cases: 809 (This number includes 311 reported cases of AIDS plus an estimated 498 persons with HIV/non-AIDS.)

Of the documented cases of AIDS in New London:

- *49% were infected by injection drug use (IDU)
- *23% were infected by heterosexual contact
- *17% have a history with the Department of Corrections
- *31% are white
- *34% are black
- *33% are Hispanic
- *64% are male
- *36% are female

Relative to the state as a whole, New London has a higher percentage of women and Hispanics living with AIDS. It also has a higher percentage of persons infected by heterosexual contact. It has a lower percentage of Whites and a lower percentage of persons infected by MSM. Its percentage of persons infected by IDU is roughly equivalent to the statewide average.

Of the documented cases of AIDS in Norwich:

- *42% were infected by IDU
- *27% were infected by heterosexual contact
- *61% are White
- *29% are Black
- *10% are Hispanic
- *54% are male
- *45% are female

Norwich has the highest percentage of females with AIDS in the entire state. It has one of the highest percentage of whites affected by the disease and a higher percentage of persons infected by heterosexual contact than the state average. Its percentage of Hispanics and persons infected by IDU are lower than the state average.

People with HIV/AIDS in New London County who are homeless: 97 (This is 12% of the total number of people with HIV/AIDS in New London County. Estimates are based on a statewide survey of homeless shelters, statewide homelessness figures, and epidemiological data.)

Cost of Housing in New London - Norwich¹:

	0 Bedroom	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
FMR	\$532	\$643	\$784	\$980	\$1,121
Income Needed	\$21,280	\$25,720	\$31,360	\$39,200	\$44,840
Income Needed as % of FPL	237% (HH of 1)	212% (HH of 2)	205% (HH of 3)	213% (HH of 4)	208% (HH of 5)

Subsidized Housing Gap (New London):

Total Households below 200% FPL:	3,618
Less Subsidized units available:	- 2,120
Households in need:	1,498

Subsidized Housing Gap (Norwich):

Total Households below 200% FPL:	4,555
Less Subsidized units available:	- 2,882
Households in need:	1,673

Affordability of Housing for someone receiving federal need-based disability income²:

SSI benefit level	SSI as a % of Median income	% SSI to rent efficiency apt.	% SSI to rent a one bedroom apt.
\$747.00	23.2%	67.1%	81.1%

¹ Out of Reach, a report of the National Low-Income Housing Coalition, www.nlihc.org.

² Priced Out, a report of the Consortium for Citizens with Disabilities, www.c-c-d.org.

**New London County
Provider Focus Group
June 25, 2003**

Attendees:

<u>Name</u>	<u>Agency</u>	<u>Telephone</u>
Glenna Moalli	Lawrence & Mem Hosp	442-0711 x2056
Mike Giconi	AFL	447-0884
Carol Jones	AFL	447-0884
Merrylyn Weaver	OIC	447-1731 x318
Teresa Gonzalez	AFL	447-0884 x21
Edward Thomas	AFL	447-0884 x26
Shelly Smith	Generations Family Hlth	885-1308
Jane Korb	Generations	885-1308
Pat Serluca for Pamela Kilbey-Fox	NL Dept of Hlth & SS	447-5233

Several agencies were represented at the focus group, including the Alliance for Living, Generations Family Health Center, OIC (an employment and training agency), Lawrence and Memorial Hospital and the New London Department of Health and Social Services. Participants were surveyed regarding the income levels of their clients and the percentage of their clients who have an unmet housing need. Three of the five agencies (AFL, Generations, and OIC) reported that 40% to 50% of their clients have some unmet housing need. One agency, the hospital, reported that 10% of their clients have some unmet housing need. (This was consistent with the hospital representing a cross section of clients with somewhat higher income levels than the other three agencies.) The New London Dept of HSS did not provide a figure.

The group provides services to clients in virtually all towns throughout the county. The following towns were particularly noted: Norwich, New London, E. Lyme, Colchester, N. Stonington, Jewett City, Waterford, Ledyard, and Scotland.

People with HIV/AIDS in New London County face many of the same housing problems that people with HIV around the state face, namely, lack of income, and for some, criminal histories or substance abuse problems that impede their ability to obtain and maintain housing. However, these issues are dwarfed by an extreme housing crisis facing this part of the state. Due to several economic factors, namely the influx of workers for the casinos and Pfizer Co., the demand for rental housing has created a housing shortage which has led to a corresponding spike in rental costs. Fair market rent estimates by HUD are completely outdated. For example, HUD's fair market rent for a 1 bedroom apartment in New London is \$643.00 while participants of the focus group report it is difficult to find a one bedroom for under \$800.00. Very high rents were reported even in substandard housing.

Consequently, the most pressing problem is the lack of affordable housing. This problem is so severe that clients cannot find an affordable apartment even when they have a subsidy, whether that be section 8 or AFL's scattered site program. Furthermore, the AFL program has maximum rent limits and it is becoming increasingly difficult to find apartments within those caps. Therefore, people have been accepted into the program but are remaining homeless even with a subsidy. One provider told a story of a family who had to live in a motel even though they had a section 8 certificate.

Providers also told of an increasing number of working families whose income is too high to be helped by a rental subsidy but who cannot afford the skyrocketing rents.

In general, the pressure on the housing market has led to an increasing number of people being turned away from both public and private housing. Landlords are almost universally avoiding tenants with any kind of subsidy because they are seen as "problem tenants". Public housing authorities are turning people away who have any kind of poor credit or eviction history, even a history of being associated with someone who has an eviction or drug problem.

Providers reported that clients who cannot find appropriate housing are staying with relatives and friends, doubling up in public housing, going from one house to another each night; staying in shelters which are full and difficult to get into; living in abandoned buildings; and camping.

Shelters also exclude people based on felony conviction. One shelter (run by the city of New London) requires people to be cleared by the police (they actually have to go to the police station) before they can get in.

There are several "rest homes" in the area which are congregate type facilities which provide meals and assistance but clients must be eligible for Medicaid in order to get in. Many clients who could benefit from this type of living are only receiving SAGA and therefore cannot get in.

Other problems include an influx of people coming to the Stonington Institute for substance abuse treatment. This system of care draws people from all over the state and when discharged, people often stay because they want a fresh start. However, relapse is a huge problem for this population and there is apparently a market for "sober houses" which are really just private individuals who will sign a lease in their own name and then sublet to several individuals (people in recovery) as a profit-making scheme.

Participants were asked whether additional housing should continue to be in the form of scattered site housing or some other model. Some felt that there is a real need for a congregate type facility for people with multiple problems. There was a feeling that independent living is a set up for failure for some clients and many have been referred to Omega House in Willimantic and have been successful there. On the other hand, most agreed that there would be a problem with a stigma associated with an AIDS house in

New London, and that perhaps locating it outside of New London might be better, as long as it was on a bus route. However, there was also a sense that the outlying towns might be politically opposed to supportive housing.

Regarding successful housing avenues, there is one development currently underway in New London, called "Crocker House", a private developer has renovated an apartment building and wants diverse tenancy, so the apartments are apparently reasonably priced.

**CARC Regional Needs Assessment
New London County
Consumer Focus Group Record
July 9, 2003**

This focus group of 6 consumers was remarkable because of both the high level of housing need of the participants and the participants' ability to articulate their stories. This would be a good group to return to for legislative advocacy or any kind of public storytelling. Carol Jones, case manager at Alliance for Living, was also in attendance.

Two of the participants are single women who are currently housed through Alliance for Living's scattered site program. One of them moved here from Norwich where she was evicted because she couldn't pay rent. She had been working at Foxwoods but got sick and used up all of her sick leave. Meanwhile, her then landlord was "renovating" her building and increased the rent. She ended up coming to New London and being accepted to AFL's program. The second one applied to AFL after she was released from a sober house. Both women receive a subsidy from AFL to help pay their rent. The landlord is someone with whom AFL has worked for a long time and he is willing to charge these tenants less than his market rate apartments so that they can meet the rental caps required under AFL's program. (AFL has "fair market rent" caps but landlords in NL County can charge much more than fair market rent these days because of the high demand for rental housing due to workers at the casinos and at Pfizer.) In effect, this means that consumers need a double subsidy in order to afford an apartment. Moreover, this landlord appears to be slow to do repairs on their apartments, perhaps because he is not receiving as much rent overall from them as he is from his market rate apartments.

One of the other participants was a man living with his wife and three children, ages 6, 14, and 15, in an apartment where it was difficult to make ends meet. He was receiving Social Security disability and one child received social security benefits from a deceased parent. In October, 2001, they were evicted. After that, they have stayed at various times with his mother-in-law (who lives in subsidized housing so they can't stay long), at the Red Roof Inn and at the Holiday Inn where they paid \$380.00 per week. He supplemented their income by working when he could during this time. Then his disability case was reevaluated and he was terminated from SSD. At that point, he applied for and was approved for TVCCA's scattered site program. Even though he had this voucher, he was unable to find a landlord willing to work with a "program". Every time he mentioned that the rent would be coming from a program, the landlords immediately turned cold. Apparently there is so much demand for rental housing that landlords prefer to work with tenants who can pay what the market can bear. After several months, he finally found a landlord who would rent to him.

A fourth participant was a woman living with her husband and 20 month old child in an apartment where they pay \$750.00 per month in rent. They are being evicted for non-payment of rent. She works full time at Bess Eaton. (She was previously employed there but laid off and then rehired for less money). Her husband stays home with the baby. They have been in this apartment since December, 2002. Before this apartment, they

were living in a shelter. Before the shelter they were living in a slum apartment that was infested with fleas. She gave birth to her baby during this time and did not want to bring the baby home to the flea infested apartment so they went to a shelter. Currently, her case manager is hoping to get her a subsidy once she is officially “homeless” again.

Another participant works part time and lives with her two children, ages 2 and 13 in an apartment where she is subsidized by TVCCA. Prior to living here, she lived in a shelter but her daughter had a “breakdown” in the shelter so she had to get out. She knew the apartment she found was substandard but felt it was the only option given her daughter’s state of mind. Prior to the shelter, she was living with her ex-husband but they were having troubles and she had to leave. She recently was approved for section 8 for the same apartment but the landlord has not done the necessary repairs section 8 is requiring for the subsidy to formally begin. The landlord has no motivation to do the repairs because he is getting his rent from TVCCA. On the other hand, apparently section 8 will not let her find another apartment because this is the apartment they have approved her for.

The final participant had a hard time finding an apartment because he has a criminal history. He now lives with his brother in a two-bedroom apartment and AFL helps him with the rent.

This group was also remarkable because of the general consensus that community (i.e. congregate) living would be desirable for folks with HIV. When asked what kind of housing should be developed, both singles and families said they thought it would be great to live in one building in a community setting perhaps with shared meals, where there would be a feeling of camaraderie, and where one could be open about one’s HIV status without feeling discriminated against.

**New London County
Record of Individual Interviews**

I. Norwich Housing Authority: 5/28/03

- +700 units total for elderly/disabled, single/family
- +the waiting list is from 6 months to 1½ years
- +applications are accepted at any time
- +persons can be disqualified based on the following:
 - police check (convicted felon)
 - landlord check
 - credit check

II. Norwich Section 8 Program: 5/28/03

Gisele Vance

- + the section 8 program administers 499 vouchers
- + there are 200-300 people on the waiting list
- + the waiting list has been open twice in the last year, and the program received 500+ applications each time. Over the past 5 years, the program has opened the waiting list two years. Each time the waiting list has opened during that time, the number of applications has tripled.
- + applicants will be disqualified if they are a convicted felon, if they have been convicted of a drug-related offense in the past 10 years, and if they have been evicted from section 8 in the past.
- + demand for housing in Norwich has enormously increased in past 5 years. This is due mostly to the influx of people working at the Casinos. Mohegan Sun is within walking distance of Norwich and both casinos run buses from Norwich to the casino. There are 10,000 employees at Mohegan Sun alone. Most of these employees have come from outside the local area. Foxwoods is also undertaking a \$90 billion expansion which will add to the housing market pressure.
- + another pressure on the demand for vouchers is the closing of the Willimantic DSS office and the transfer of those cases to the Norwich office. This leads to people relocating to Norwich because of transportation issues.
- + TWO bedroom apartments used to rent for \$600.00 per month and now go for \$1,000.00.
- + Landlords used to call Sec 8 program when an apartment became available but now don't call at all. Landlords used to get 5 or 6 calls on one apartment and now get 50 - 60 calls.
- + People with vouchers are forced to leave Norwich, because even when the section 8 program allows them to pay an excess amount of rent out of pocket, there simply are no apartments available. As Gisele Vance put it, "it's not only that there is no affordable housing, it is that there is no housing period."

**Connecticut AIDS Residence Coalition
Stamford Region Needs Assessment
Summary of Findings**

Stamford is a town of 118,000 people located in Fairfield County. Its per capita income is \$45,478, approximately double that of poorer towns such as Waterbury. Related to this is the fact that the Stamford-Norwalk area is the most expensive rental market in the state, and the third most expensive in the country. The poverty rate in Stamford is 7.9% (half that of Waterbury), up from 6.3% in 1990. Although the poverty rate in Stamford is relatively low, the extremely high rents mean that many people who are living at double and even triple the federal poverty level are often homeless or at constant risk of homelessness.

In Stamford, there are 373 people living with AIDS plus an estimated 600 people living with HIV/non-AIDS. Stamford has the second highest rate of Blacks infected with HIV in the state (52%), while only 16% of the total population of the city is Black. Seventeen percent, or one in six people with HIV in Stamford have some history with the Department of Corrections. While Stamford's rate of infection by injection drug use (37%) is lower than the state average, it is still 30% higher than the national average.

There are an estimated 116 homeless people with HIV in Stamford. This is based on statewide averages showing 10% of the homeless population has HIV. However, at Pacific House, the homeless shelter in Stamford, 37% of the residents have HIV, implying that the actual total number of homeless people with HIV in Stamford may be much higher.

Currently, there are 17 units of HIV/AIDS specific housing serving less than 2% of the persons with HIV/AIDS. The existing units include a 9-bed congregate living residence and an 8-bed hospice care facility.

With respect to the general demand for subsidized housing, the Stamford-Norwalk area suffers from a unique shortage of affordable housing due to the extremely high fair market rents in the area. In order to be able to afford market rate housing, a household needs to be earning over 400% of the federal poverty level (\$41,840 for a single individual). This means that people with much higher incomes are competing for a limited supply of affordable housing.

Provider and Consumer focus groups revealed some aspects of the population with HIV not reflected in the statistics. First, providers noted that there are a high number of undocumented immigrants with the disease, most of whom are Hispanic, and therefore, they felt the percentage of Hispanics with the illness is higher than the DPH figure of 16%. The group also mentioned a high need for housing for families. Although the family shelters did not reflect significant numbers of people with HIV, providers thought

this was because families will often split up before they become homeless, in order to keep the children housed.

The consumer focus group revealed that Stamford has a well-organized, streamlined continuum of care for people going from the street to emergency housing, to drug treatment and transitional housing. However, there was clearly a gap when it comes to permanent affordable housing. Many consumers go through the emergency and transitional programs which seem to be very successful in helping people get well, get sober, and get employed. However, there are not sufficient affordable housing units for people who become independent enough to take advantage of it. Therefore, these folks end up living with friends, or paying 80% of their income toward rent, or working 2-3 jobs to make ends meet, putting them at serious risk of becoming homeless, and ill, once again.

Some recommendations of these groups include:

1. There is a need for voucher programs that do not have such a strict definition of homelessness in order to qualify (as does Shelter Plus Care). (This was a complaint that was mentioned all around the state.)
2. The affordable housing law that requires communities to have a certain percentage of housing stock devoted to low income should mandate that it be dispersed throughout the town so that it is not concentrated in slums.
3. Continuums should work toward the End Homelessness Plans and housing for people with AIDS should be a part of that.
4. Consumers recommended that there should always be a Housing Specialist position (as there is at St. Luke's Lifeworks) as opposed to a generalist case manager. Consumers unanimously found this person to be far more effective in housing advocacy.
5. Consumers want individual apartments with on-site optional case management.
6. Consumers want employment training.

Recommendations

Stamford has a very well-organized, well utilized HIV Care consortium which may be used as a model for other areas around the state. The results of this can be seen in the smooth transitions clients experience from one level of housing to another across the continuum. However, because of the nature of the housing market in the area, the efforts of this organization can only go so far. Stamford needs additional units of permanent affordable housing to complete the continuum.

Affordability of Housing for low-income households⁴:

SSI Benefit Level	SSI as a % of Median Income	% SSI to rent efficiency apt.	% SSI to rent a one bedroom apt.
\$747.00	8.1%	140%	164%

In Stamford, a worker earning the Minimum Wage (\$6.90 per hour) would need to work 117 hours per week (or nearly three full-time jobs) in order to afford an efficiency apartment.

A family living in Stamford needs to earn \$28.71 per hour in order to afford a two-bedroom apartment.

A single adult living in Stamford needs to earn \$20.12 per hour in order to afford an efficiency apartment.

People with HIV/AIDS in Stamford who are homeless: 116 (This is 12% of the total number of people with HIV/AIDS. Estimates are based on a statewide survey of homeless shelters, statewide homelessness figures, and epidemiological data.)

⁴ Priced Out, a report of the Consortium for Citizens with Disabilities, www.c-c-d.org.

Record of Stamford provider focus group

October 15, 2003

In Attendance:

Name	Agency	Tel/email
Cecilia Baldwin	Stamford Cares	203-977-5096
Richard A. Kontos	Laurel House	203-324-1816
Maryellen Reynolds	Family Centers	203-324-3167 mreynolds@familycenters.org
Tiffany Cucchiarella	McKinney House SLLW	203-363-5946
Scott Sideleau	SLLW	203-544-9213
Carolee Paruta	LMG Programs	203-356-1980 x134
Judith Paul	Pacific House	caroleeparuta@lmgprograms.org
Sergio DeJesus	HIV Prevention/DPH	203-977-4387
Patricia George	SLLW	203-388-0183
Lisa Green	SLLW	LGreen@stlukeslifeworks.org
Carmela Merritt	SLLW	203-388-0152
Suzanne Curto	SLLW	203-388-0151

Drug Treatment Advocate, Judith Paul has 21 clients with HIV; 80% of them have substance abuse problems. The success rate for finding housing for these folks is low, perhaps 2/20. Why? Because of their criminal histories and substance abuse problems.

Mary Ellen Reynolds of Family Centers says that there are two groups of folks in need:

1. average working person
2. immigrants who are undocumented; often working 3-4 jobs to afford FMR, often with medical issues.
3. the biggest problem is for working families and individuals who are technically housed but are in substandard housing situations.

The group felt that there is a much higher rate of Hispanics with HIV than the 16% indicated by DPH statistics. The group attributes this to the high number of undocumented immigrants who are largely Hispanic.

There are also a significant number of Polish immigrants who have serious language barriers and among whom alcoholism is a major problem. They are eligible for shelter services but don't stay long.

Cecilia from Stamford Cares said she has a success rate for shelter plus care of 2/6. One of the problems is a strict definition of homeless for the program eligibility. She also said that the section 8 waiting list opened one year ago and will not open again until 2005.

Case managers often encourage people to leave the area in order to find affordable housing.

The group mentioned a need for housing for families. When I asked about the apparently low rate of HIV infected families in shelters, the group responded that families do not want to reveal it because of the children and that often families will split up before they become homeless, in order to keep the children housed.

Carolee Paruta said that out of 82 clients with HIV, 80% of them have housing needs. This includes people who are living in cars, in shelters, outside, and people who are doubled up.

According to Suzanne Curto, out of the 100 St. Luke's clients with HIV, including 25 shelter plus care folks, emergency shelter, McKinney, and Bread and Roses, ½ have serious housing issues, encompassing the same type of problems cited by others at the group.

Also noted was the significant migrant workers population who stay in the shelter and move back and forth during the season. Maryellen described a city sign in Stamford for "Labor Pick Up" where all the migrants, most of whom are homeless and undocumented, wait for work.

When asked what kind of housing is needed, or what are the solutions to the housing problem, the following were described:

1. safe housing
2. housing for undocumented immigrants
3. housing for people with criminal histories, substance abuse issues.
4. the affordable housing law that requires that communities have a certain % of housing stock devoted to low-income should mandate that it be dispersed throughout the town so that it is not concentrated in slums.
5. Continuums should work toward the End Homelessness Plans and housing for people with AIDS should be a part of that.

Record of Stamford Consumer Focus Group

There were five consumers in attendance at this focus group. Interestingly, they were all representative of a particular continuum of care, including active substance abuse and living on the streets or the shelter, to inpatient treatment at Liberation House (some were tested and found out they were HIV+ there), then to McKinney residence where they can stay for two years. During that two year stay, they get on various waiting lists for sec. 8, shelter plus care, and then end up in a market rate apartment either making ends meet (barely) with Social Security disability benefits and part time income, or with full time income.

The two consumers who are currently at Liberation House, and have been very ill at times with HIV/AIDS, consider themselves fairly healthy now and want to work and do not feel they are eligible, nor do they want to be, for disability benefits. They also experience a great deal of anxiety when thinking about their future and how to make ends meet.

Some of the problems in obtaining housing experienced by this group include:

1. Application processes are bureaucratic, requiring burdensome verification procedures, or waiting lists are extremely long with “reapplication” required every year and if you have moved and they can’t find you, you lose your place on the list.
2. Getting help requires telling your story, often several times to several different people, and requires you to follow up and stay on top of your case manager.
3. For shelter plus care, you have to be “homeless” according to a strict definition and if you are staying with family you do not qualify. (This issue was mentioned in many groups around the state.)

The stories of the folks who were there include:

1. A white man with a substance abuse problem, currently in recovery, who got into Liberation House and got tested for HIV there. He was referred to McKinney residence where he stayed while applying for sec. 8 and shelter plus care. He finally got his own apartment where his rent is \$1050. His SSD check almost covers that and he works on the weekends to supplement his benefits. He has just applied for assistance from MFAP and has been told they can help him.
2. A black man who was diagnosed in 1989, has a substance abuse problem, and is now at Liberation House. He got out of jail in 2001 and went back to work, but relapsed. He has been referred to McKinney and is waiting to hear. He has always worked.
3. A white man with substance abuse history who went from Liberation House to Metcalf House. He is working full time and paying rent to friends who own the

house where he is staying. His friends don't know he is HIV+. Also, they are pressuring him to help them with their immigration status by marrying their sister.

4. An Hispanic man who described himself as HIV+ and not disabled. He has no income. He has always worked, but relapsed and is now at Liberation House. He wants to work.
5. A man who is on dialysis and sent a representative to the group for him. He does not want to go to Bread and Roses because people see that as a place where you go to die. He would like a respite program to be created, one that is separate from hospice. (One other participant mentioned that his sister had been to Bread and Roses and got better after she left and the family is convinced that she did poorly there because she thought of it as a place where people die.)
6. There seemed to be a good deal of stress in this group and anxiety expressed about the future with the housing situation seeming so dire.

When asked what kind of housing is needed, the group replied as follows:

1. Housing for people not in recovery.
2. Housing that helps you get a job.
3. Independent living because congregate facilities have too many rules.
4. Individual apartments with **optional** case management. It was felt strongly that accepting case management should not be tied to housing.
5. Drug treatment agencies should open a house for people with HIV. (Jesse from LMG mentioned a building behind Liberation House where the owner is looking for partners to do subsidized housing with.)
6. The group also enthusiastically supported the position of housing specialist (as opposed to a generalist case manager) (Patricia at St. Luke's) as a very important means to obtaining appropriate housing.

**Connecticut AIDS Residence Coalition
Norwalk Region Needs Assessment
Summary of Findings**

Norwalk is a town of 83,498 people located in Fairfield County between Stamford to the west and Bridgeport to the east. Each of these has a fairly self-contained AIDS service area, despite their geographic proximity. Norwalk's poverty rate is 7.2%, slightly less than the statewide rate of 7.9%.

In Norwalk, there are approximately 634 people living with HIV/AIDS, including 244 reported cases of AIDS, plus an estimated 390 persons with HIV/non-AIDS. Relative to the state as a whole, Norwalk has a higher percentage of Whites and Blacks, and a lower percentage of Hispanics infected with the virus. While its rate of infection by injection drug use (39%) is lower than the state average, it is still approximately 30% higher than the national average. While the rate of Hispanics with HIV (14%) is roughly equivalent to the rate of Hispanics within the general population (16.7%), the rate of Blacks with the disease (43%) is nearly triple the rate of Blacks among the general population (15%). Based on statewide homelessness and epidemiological data, there are an estimated 72 homeless people with HIV/AIDS in Norwich.

Mid-Fairfield AIDS Project (MFAP) is the primary AIDS service provider in the town and provides 160 clients with case management, prevention counseling, emergency funds, and transportation assistance. MFAP also administers 28 units of subsidized housing with supportive services. The program has minimum income requirements for clients and has a maximum rental subsidy. Most clients in the program receive disability or unemployment benefits and 25-30% work part-time. Out of the 160 clients served, 120 of them are active substance users. Out of these 120, approximately 12-15 clients are without housing.

As with every other town in the state, Norwalk has an excess demand for subsidized housing. Similar to Stamford, households in the area whose income is at or below 400% of poverty cannot afford market rate housing due to the extremely high rental prices. In Norwalk, there are 3,859 units of subsidized housing available. In contrast, there are 5,870 households who live at or below 200% of poverty, leaving an excess demand of 2,011 households, **plus** all the households between 200% and 400% of poverty¹.

Individual interviews and a focus group with providers gave more detail to the snapshot of people with HIV/AIDS in Norwalk. First, providers felt that the actual number of people with HIV/non-AIDS is much higher than DPH's estimate of 390, partly because of the high number of undocumented immigrants with high risk behaviors. Regarding the unmet housing needs of people in Norwalk, there seems to be an excellent program for

¹ The U.S. Census Bureau does not provide data regarding the number of households below 400% of the federal poverty level, so the 200% threshold is used here.

people who have a minimum amount of income and who are capable of stability. On the other hand, there is a need for a program that could serve the needs of people who are struggling with substance abuse. For example, providers reported that out of 27 people served by MFAP's program, 7 have an untenable situation (i.e. will probably lose their housing soon) because of substance abuse problems. Second, of the 12-15 unhoused clients out of MFAP's active case load, it was felt that 8-10 of them were not housed because they are not capable of functioning in housing due to substance abuse. Moreover, for MFAP's drug treatment advocate, out of 35 people seen per quarter, 20 are homeless (outside or in a shelter) and 15 are doubled up with relatives, often "on the way out". Most have active substance abuse and he will only refer them to the housing program when they get clean, otherwise it is a set up for failure. Finally, it was noted that the Norwalk Emergency Shelter is notoriously unsafe and unpleasant to be in. According to case managers, approximately 30% of the shelter residents have HIV. This is in contrast to the shelter's estimate given during CARC's shelter survey of 3%.

Recommendations

Norwalk has a solid housing program for well-functioning people with HIV. It also has access to emergency shelter, and thorough street outreach through the Drug Treatment Advocate position. What is missing, however, is a program capable of housing people with active or recent substance abuse issues.

NORWALK HIV/AIDS HOUSING FACT SHEET

HIV/AIDS Specific Housing: 28 units

Total Norwalk HIV/AIDS Cases: 634 (This includes 244 reported cases of AIDS plus an estimated 390 persons with HIV/non-AIDS)

Of the documented AIDS cases in Norwalk:

- *39% were infected by IV drug use
- *17% have had some history with the Department of Corrections
- *43% are White
- *43% are Black
- *14% are Hispanic
- *69% are male
- *31% are female

Relative to the state average, Norwalk has a higher percentage of Whites and Blacks, and a lower percentage of Hispanics infected with the virus. While its rate of infection by injection drug use is lower than the state average, it is still approximately 30% higher than the national average.

Cost of Housing in Norwalk:¹

	0BR	1BR	2BR	3BR	4BR
FMR	\$1,046	\$1,225	\$1,493	\$2,001	\$2,210
Income Needed	\$41,840	\$49,000	\$59,720	\$80,040	\$88,400
Income Needed as % of FPL	466% (HH of 1)	404% (HH of 2)	391% (HH of 3)	435% (HH of 4)	410% (HH of 5)

Subsidized Housing Gap:

Total Households below 200% FPL²:	5,870
Less Subsidized units available:	- 3,859³
Households in need:	2,011+

¹ Out of Reach, a report of the National Low-Income Housing Coalition, www.nlihc.org

² U.S. Census Bureau. The Census Bureau does not provide data regarding the number of households below 400% FPL so the 200% threshold is used here. Therefore, the subsidized housing gap in Stamford is 2,011 plus an unknown number of households between 200% and 400% FPL.

³ Connecticut Department of Economic and Community Development.

Affordability of Housing for Low-Income Households⁴:

SSI Benefit Level	SSI as a % of Median Income	% SSI to rent efficiency apt.	% SSI to rent a one bedroom apt.
\$747.00	8.1%	140%	164%

In Norwalk, a worker earning the Minimum Wage (\$6.90 per hour) would need to work 117 hours per week (or nearly three full-time jobs) in order to afford an efficiency apartment.

A family living in Norwalk needs to earn \$28.71 per hour in order to afford a two-bedroom apartment.

A single adult living in Norwalk needs to earn \$20.12 per hour in order to afford an efficiency apartment.

People with HIV/AIDS in Norwalk who are homeless: 72 (This is 12% of the total number of people with HIV/AIDS. Estimates are based on a statewide survey of homeless shelters, statewide homelessness figures, and epidemiological data.)

⁴ Priced Out, a report of the Consortium for Citizens with Disabilities, www.c-c-d.org.

Record of Norwalk Provider Focus Group:

October 15, 2003

In attendance:

Name	Agency	Telephone, e-mail
Michael Little	MFAP	(203) 855-9535
Angelo Wilkes	Macedonia AIDS Ministries	(203) 853-7811
Rosie Rodriguez	MFAP	(203) 855-9535
Christina Arnette	MFAP	(203) 855-9535
Norma Eurbto	MFAP	(203) 855-9535
Jonathan Wyare	MFAP	(203) 855-9535

The group's first comment was that the estimate of the number of people with HIV/non-AIDS in Norwalk (368) is very low. It was thought that the actual number is a great deal higher partly because of the high number of undocumented people with high risk behaviors (namely unprotected sex with high risk people).

Regarding the unmet housing needs of people in Norwalk, one comment was that MFAP's program is generally able to house people who are eligible for the program. This means they must have income and be capable of stability. The case managers find that many people are unable to keep their housing because of drug use, or because they cannot make ends meet on limited income.

One case manager reported that 7/27 people on MFAP's program have an untenable situation (i.e. will probably lose their housing soon) because of substance abuse problems.

MFAP's drug treatment advocate said that out of 35 people seen per quarter, 20 are homeless (outside or in a shelter) and 15 are doubled up with relatives, often "on the way out". Most have active substance abuse and he will only refer them to the housing program when they get clean, otherwise it is a set up for failure.

The undocumented folks, while eligible for HOPWA funding, are ineligible for detox reimbursement.

Some clients who are on Shelter Plus Care have maxed out their time and are now ineligible. Some have to leave the area to find housing.

At Macedonia AIDS Ministries, a street ministry program, they see 60-65 clients each year, and 35-40% of them are in shelter, living outside, or doubled up in an untenable situation.

It is believed that there is a high rate of HIV among the undocumented, a rate which is rising over the past six years. There is a significant Haitian community who does not want to be tested. Out of 37 Hispanic families served by MFAP, 18 are undocumented.

When asked what are the specific housing needs of people with HIV in Norwalk, the following were noted:

1. Scattered site or small group apartments with supportive services (because of substance abuse) for singles and families.
2. Some felt that there ought to be a work requirement.
3. Housing for people with criminal histories.

Finally, it was noted that the Norwalk shelter is notoriously unsafe and unpleasant to be in. There is a lot of drug and alcohol use. According to one case manager, who used to do anonymous testing for DPH and knows many folks in the shelter, there are perhaps 30 people with HIV there (contrasted to the shelter's estimate of 3/95).

**Connecticut AIDS Residence Coalition
Windham County Needs Assessment
Summary of Findings**

Windham is a town of 22,931 people, located in central eastern Connecticut and marking the frontier of the state's "Quiet Corner." Windham provides an urban-type center to an otherwise markedly rural county. While Windham's poverty rate (17.5%) rivals that of larger cities such as Bridgeport, its small population dictate that it is not within a Ryan White Eligible Metropolitan Area, leaving it ineligible for some federal funding for HIV-related services.

There are 283 people living with HIV/AIDS in Windham County, of whom approximately 200 are in Windham proper. The town of Windham has the second highest rate of infection by injection drug use at 55%. This is more than double the national rate. Nearly 40% of the AIDS cases in Willimantic are women, second only to Norwich, with a rate of 45%, while 17% have some history with the Department of Corrections. Blacks are disproportionately affected by the disease, totaling 13% of the AIDS cases but only 5% of the general population. Based on statewide estimates, there are currently 34 homeless people with HIV/AIDS in Windham County. However, these estimates are based on the assumption that 10% of the homeless population has HIV/AIDS while a 2002 Census of the Homeless in Windham County showed that 19% of the homeless households surveyed cited HIV as an issue of concern.

Services for people with HIV in the county are centered around the Windham AIDS Project, a program of the Windham Regional Community Council. The project provides case management services as well as an AIDS street outreach and prevention program. WRCC also administers a new 17-unit supportive housing program. Project Home, not solely for people with HIV. Six of the units are set aside for families. Currently, the only housing specifically for people with HIV/AIDS is Omega House, a group residence with 10 units. While there is no time limit on the length of stay, some residents view the situation as a transitional one and hope to move on to more independent living.

While fair market rents in Windham County are some of the lowest of the regions covered in this survey, a one bedroom apartment would still cost over 80% of the monthly income of an SSI recipient. As with the other regions surveyed, Windham County has an excess demand for subsidized housing. In this county, a household's income needs to be 185% of the federal poverty level in order to afford market rate housing, while there are 9,478 households below this level. These households compete for 5,109 subsidized housing units, leaving 4,369 needy households without affordable housing.

Many people with HIV in this area survive in market rate housing with the help of CARC's rental assistance program, and several providers mentioned how essential this program is to their clients' livelihood. Nonetheless, market apartments are very often

substandard, unsanitary, and located in unsafe, drug-ridden neighborhoods. Moreover, gathering the necessary security deposit, and first and last month's rent can be an insurmountable obstacle. As is true across the state, most landlords will not accept the Department of Social Services security deposit guarantee program. Although it is illegal to refuse the DSS guarantee, in practice this is very difficult to enforce.

The Hotel Hooker is an 80-unit single room occupancy dwelling in the middle of downtown Willimantic. Up until the end of 2003, this was the one residence in town where a homeless adult with HIV who was actively using drugs could find a place to stay. The hotel operated like a rooming house and did not require references, or a lease, or first and last month's rent. Tenants paid by the week, approximately \$100.00, significantly less than market rate apartments. However, due to the high profile drug use and prostitution ongoing at the hotel, a Superior Court judge placed the hotel in receivership in November, 2003, at the petition of the State's Attorney pursuant to the Nuisance Abatements laws. Under the receivership, tenants are required to be drug-free and to prove a legitimate source of income.

Sources of subsidized housing are plagued by the same difficulties in Willimantic as elsewhere in the state, namely, long waiting lists. Public housing, privately owned subsidized housing, and section 8 certificates all have waiting lists of 1-2 years, while United Services, administering Shelter Plus Care certificates, has a 3-year wait. Moreover, even once a client has a section 8 certificate, they often face discrimination from landlords who see them as "problem tenants."

At a provider focus group, participants were asked to give an estimate of the percentage of their clients who are homeless over the course of a year. At Generations Family Health Center, they see 10-15% out of 100 active cases homeless over the course of a year. The R.N. from the Visiting Nurse Association has 5 or 6 clients out of 25 (or 20%) who are homeless. According to the case management staff at the Windham AIDS Program, there are 10 per year out of 111 active clients (9%) who are homeless.

One unique aspect of homelessness in Windham County is the degree of hidden homelessness. Providers all mentioned the great extent to which people are doubled up or living in uninhabitable housing such as windowless basements, and campers hooked up to a friend's house. On the other hand, the continuum of care is quite effective and for people who are able to make it in to request services, providers felt they are generally able to help most people. However, there is no housing for people who are actively using and it was noted that many clients have difficulty following housing rules and staying housed.

Specifically regarding AIDS housing, there is a need to connect case management with housing. For example, while Omega House provides case managers, they do not assist clients in finding other housing, and while the Windham AIDS Project provides housing advocacy, they are not on site with clients. There seems to be a gap in information about housing options getting to clients.

Recommendations

Windham is notable for its strong group of dedicated service providers who are well-connected to each other and well-tuned to their clients needs. It has an excellent street outreach program and over the winter there was a successful grass roots “No Freeze” movement to open churches during the coldest nights of the year. However, public sentiment has been biased against additional services or housing, especially for drug users, ever since the Hartford Courant did a series of articles on Willimantic, which, among other things, gave it the name “Heroin Town”. The following could be helpful to improving the housing situation of people with HIV in the Windham area:

1. There is a need for housing for people who may be actively using. While the provider group has a good understanding of the problems created by drug addiction in obtaining and maintaining housing, there is currently no housing for people who might be actively using, and no housing program that utilizes a harm reduction model. A provider training on utilizing harm reduction in supportive or congregate living would be very helpful to this group. The street outreach program of WRCC already is based on a harm reduction model and this strength could be used to build on. However, providers could benefit from seeing specifically how active users can be served in a housing setting without jeopardizing the safety or stability of the program.
2. People who are ready to leave Omega House need some kind of supportive permanent housing, like the model of the new program. Project Home, at WRCC.
3. There is currently no homeless shelter for singles in Willimantic. The only shelter in town, Holy Family Shelter, takes only families, and the next closest shelter is in Danielson, a 20 minute ride away. The “No Freeze” movement has attempted to meet some of this need, and that program needs to grow or a shelter for individuals needs to be opened.

**Record of Consumer Focus Group for Windham County
February 11, 2004**

Seven consumers attended this group.

The consumer's first reaction to the statistics shared with the group was that the number of people with HIV estimated seems lower than the actual number.

One client has been at Omega House for a while and feels that it is time to move on. He has been on the waiting list for public housing but is discouraged because of waiting so long. He said this is typical of people at Omega House: there are many who want to move on but have no options, and then end up back on the street.

Another client has section 8 and has a problem with her heat going out the window and the landlord won't do anything about it.

Another client has a section 8 certificate and can't find a landlord to take it. She said landlords think that section 8 tenants are problem tenants. The landlords do better on the open market due to competition from students.

One woman takes care of three children who were HIV+ babies, who are now grown and have no place to go. She said there is a need for teens and early 20's to have a good place to live.

One client said Omega house has a long waiting list.

Another mentioned it is hard to find services because of the stigma.

One client has a section 8 certificate and lives in a ghetto (unsafe, drug activity).

One client said the section 8 should be reviewed because there is no way to shake your past history, no matter how far in the past it is. Also, this woman is a mother of 4 and she is raising her 2 grandchildren and 3 nieces. However, section 8 told her she was not eligible for section 8 because she could not legally show she has custody of the children. She was recently accepted by Project Home.

The clients cited as needs:

1. more housing that is easily accessible.
2. better housing, up to standards.
3. less disqualification based on past history.
4. Transportation, especially for someone with children, (dial-a-ride will not allow more than one child with the adult who needs the ride.)

**Record of Provider Focus Group for Windham County
February 11, 2004**

Attendees:

<u>Name</u>	<u>Agency</u>	<u>Tel/email</u>
Julie Banks, APRN	Generations Family Health Ctr.	860-450-7471 x207
Betsy Harakaly, R.N.	VNA East	860-456-7288
Kathey Fowler	ORS/WRCC	860-423-4534 x320
Carol Killeen	Windham AIDS Program (WAP)	860-423-4532 x326
Amy Vas Nines	WAP	860-423-4534
Eleanor Skomn	Hartford Dispensary (Willim. Site)	860-456-7990
Jane Korb	Generations Family Health Ctr.	860-450-7471 x234
Andrea Rosario	WRCC/WAP	860-423-4534
Belinda dark	WAP Director	860-423-4534 x327

The providers were first asked to give an estimate of the percentage of their HIV+ clients who are homeless over the course of a year. At Generations Family Health Center, they see 10-15% out of 100 active cases homeless over the course of a year. The R.N. from VNA has 5 or 6 clients out of 25 (or 20%) who are homeless. According to the case management program at WAP, there are approximately 10 per year out of 111 active clients (9%) who are homeless. The street outreach program sees 25 out of 120 clients (21%) who are homeless. At the methadone clinic, clients are required to have an address in order to get services so there is a certain amount of masked homelessness, as many are doubled up.

This led to a discussion of the degree of hidden homelessness in Windham County. The providers all agreed that many people are living doubled up or living in uninhabitable "housing" such as basements and campers hooked up to a friend's house. There is a great deal of overcrowding and people "get lost in these small towns." In addition, there is a great deal of substandard housing, including the Willimantic Housing Authority apartments.

It was also felt that there is a very good service network and that generally they are able to serve most people who make it in to request services. On the other hand, active users are not eligible for most services. Another significant problem is that ex-offenders are released into the community with no discharge planning, no health insurance, and often they have mental health problems and are released without meds. Another population in the area in need of services is the migrant farm workers. Providers were unsure if there was a significant HIV problem among the workers but noted that they are ineligible for most services and benefits.

Regarding the Continuum of Housing in Windham, the providers listed the following:

1. The Hotel Hooker: This used to be the only housing in town where people who were actively using could stay. However, since the building was taken over and is under new management (now under the name of the Seth Chauncey) it will be more difficult for active users to be there. In addition, residents will have to document their income so that women in the commercial sex trade will not be able to live there and will become homeless.
2. The Holy Family Shelter in Willimantic: this houses 23 persons, only families.
3. ACCESS Emergency Shelter in Danielson: This is the only shelter serving individuals in Windham County. It has 60 beds and serves both families and individuals. It is not easily accessible from Willimantic except by 20 minute bus ride on a private bus line.
4. There is a Hospitality Center at a downtown church in Willimantic that just opened this month. It is part of a “NO FREEZE” movement among service providers and provides a warm place to be during the night time hours.
5. Windham Housing Authority: people try to get on the list for public housing or section 8 sometimes for years. As mentioned previously, the housing is often substandard. Also, clients with section 8 certificates experience some discrimination from landlords who see them as problem tenants.
6. Cameo Gardens and Windham Heights are two privately owned subsidized housing complexes.
7. United Services (mental health provider) has Shelter Plus Care funds with which they provide supportive housing, both at a single site and in the form of vouchers. The waiting list is 3 years.
8. Windham AIDS Program provides three types of subsidies:
 - a. Project Home: a new program with 17 units (6 for families). Eligible households must have a minimum income and must be disabled.
 - b. CARC funds support a significant number of WAP clients.
 - c. WIF loan: a homelessness intervention fund that can pay security deposit and one time costs.
9. Omega House (CARC member program).
10. Brick Row: supportive housing for people with mental health issues.
11. Perceptions Program Inpatient Drug Treatment program.

The providers cited the following barriers to clients obtaining and maintaining housing:

1. lack of knowledge of options.
2. clients are not able to abide by housing rules.
3. it is hard to follow through with application requirements when homeless.
4. lack of income.
5. substance abuse.
6. criminal histories.

Other problems cited for the area included:

1. due to geography, clients are not eligible for all Ryan White funded services, etc.
2. further, outlying areas such as Putnam have no services.
3. public housing and low-income housing in the area is drug-ridden.

Providers described the following as needs of the community:

1. homeless shelters.
2. housing for active users/sex workers (the Hotel Hooker is going to a treatment model and it will not be harm reduction.)
3. More churches want to be involved in the “No Freeze” plan. However, even the No Freeze places have rules that some find too onerous (e.g. clients have to lock up possessions and can’t be high). No Freeze places served 30 unduplicated people since December 15.
4. Training in harm reduction, awareness and dealing with active users.
5. The “Heroin Town” articles have biased public sentiment against services.
6. Some people don’t want housing (e.g. people with substance abuse or mental health issues.)

Housing Units Needed to House PLWAs and PLWHAs in Connecticut

City/Region	Current HIV/AIDS Housing Units	Total Persons Living with AIDS (PLWAs)	Threshold 1 (T1) PLWAs using shelter system	Total Persons Living with HIV/AIDS (PLWHAs)	Threshold 2 (T2) PLWHAs using shelter system	Threshold 3 (T3) PLWHAs without permanent address at least once in a year
Hartford County	205	2,082	187	5,413	487	1,500
Tolland County	-	75	7	195	18	23
Windham County	10	109	10	283	25	34
New London County	20	320	29	832	75	100
Middlesex County	7	107	10	278	25	48
New Haven County	162	2,043	184	5,312	478	1,381
Fairfield County	87	1,644	148	4,274	385	1,111
Litchfield County	-	96	9	250	22	30
Totals	491	6,476	584	16,837	1,515	4,227

T1 shows the number of units that would need to be created to house all the people with reported AIDS diagnoses who are living in homeless shelters.
 T2 shows the number of additional units needed to house people with reported AIDS diagnoses and people with HIV who are living in homeless shelters.
 T3 shows the number of additional units needed to provide housing for people who lose their home at least once during the year.

Amount of Funding Needed in Order to Provide Housing for PLWAs and PLWHAs in Connecticut

City/Region	2005 Two-Bedroom Fair Market Rent (FMR)*	Average Amount of Income Paid Toward Housing	Monthly Subsidy	Threshold 1 (T1) PLWAs using shelter system	Threshold 2 (T2) PLWHAs using shelter system	Threshold 3 (T3) PLWHAs without permanent address at least once in a year	Threshold 3 (T3) Annual Cost of Subsidy	Distribution of Need Based on T3
Hartford County	\$827	\$224	\$603	\$112,761	\$293,661	\$904,500	\$10,854,000	29%
Tolland County	\$827	\$224	\$603	\$4,221	\$10,854	\$13,869	\$166,428	0%
Windham County	\$779	\$224	\$555	\$5,550	\$13,875	\$18,870	\$226,440	1%
New London County	\$798	\$224	\$574	\$16,646	\$43,050	\$57,400	\$688,800	2%
Middlesex County	\$859	\$224	\$635	\$6,350	\$15,875	\$30,480	\$365,760	1%
New Haven County	\$921	\$224	\$697	\$128,248	\$333,166	\$962,557	\$11,550,684	31%
Fairfield County	\$1,188	\$224	\$964	\$142,672	\$371,140	\$1,071,004	\$12,852,048	35%
Litchfield County	\$884	\$224	\$660	\$5,940	\$14,520	\$19,800	\$237,600	1%
Total (per threshold):			\$661	\$422,388	\$1,096,141	\$3,078,480	\$36,941,760	

The dollar amounts reflect the Fair Market Rent (FMR) amounts in each region minus the statewide average dollar amount paid by persons with low incomes toward their rent (30 percent of their incomes) multiplied by the number of additional housing units needed.
 Income figures are based on individuals receiving SSD and State Supplement (\$747)

*Data Source: National Low Income Housing Coalition